Lecture

ON

THE DISEASES OF CHILDREN AS A SUBJECT OF SPECIAL STUDY.

Being the Introductory to a Course on the Subject in Edinburgh.

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THE importance to medical men of a knowledge of the diseases of children is so self-evident and universally admitted, that it is quite unnecessary for me to say one word on the subject. The *necessity*, however, of the diseases of children being made the subject of special study on the part of students, whatever may be the opinions held thereon, is practically disavowed by all our licensing boards. Whilst an intimate knowledge of the origin and distribution of all the nerves of the body is demanded of you in your examinations, you may, if you choose, be perfectly ignorant of the physiological peculiarities of the nervous system in a child. Whilst it is required of you to know how and when to put forth your hand, if possible, to save the life of the child before it is born, it is quite unnecessary that you should have been told how to sustain and foster that life amid the far more numerous dangers that surround it in the early period of its self-existence. Before you obtain your diploma, you must now give proof at the bedside of your familiarity with the sounds of health and disease in the adult chest, and your power of eliciting by interrogation the ailments of your patient; but it is unnecessary that you should have acquired the like power over the very different means to be employed in obtaining the same information regarding the child. The consequence is that medical men pass from our colleges into the practice of their profession, to find themselves, in the majority of instances, specially deficient in that very branch which not only forms the larger proportion of their practice, but in which also the greatest mortality exists.

Anomalous as is this state of affairs, this is not the occasion upon which I would enlarge on the topic in a legislative point of view. We have here an important blank in your curriculum of study,* which is left for you to fill up how and when you can; and I cannot better preface this course of lectures than by showing wherein lie the necessity and advantage of making the Diseases of Children a subject of special study, and that, too, while yet you are students, before your leisure is curtailed by the unremitting calls of your profession.

The experience of those who have not so prepared themselves may be thus briefly stated. The system of interrogation which they have hitherto employed proves quite insufficient for the end in view. Physical signs are found to vary both as to actual presence and diagnostic value. Prognostic indications are equally at fault. In fine, the whole language of disease in early life is found to be a dialect, with many idiomatic expressions, with which they are unfamiliar.

The study of medicine may be compared to that of a language. Your knowledge of the latter may extend no further than to make your wants known, and enable you to make your way through the country where it is spoken; or you may have advanced a little further, and be able to read without difficulty any of its ordinary literature; or, still further, your acquaintance may have become so intimate that you are familiar with all its idiomatic expressions, and can analyse the writings, and enter into the true spirit of the best authors. So in medicine: your knowledge may be but sufficient to pass muster, and enable you to get along in the world; or, by dint of experience, you may acquire a readiness and tact, but be ignorant of the laws upon which it is based. But, better still, by making your own every new ray of light which the advancement of our science is throwing around, you may daily lessen the groping in the dark and routine in practice of which we still have so much to mourn.

Now the differences between the diseases of children and those of adults are pretty much those which lie between two dialects of the same language; and a practitioner trying to treat children, without some previous study, is like an Englishman attempting to read the works of Burns without a knowledge of Scotch. With the aid of a glossary the one may make out the sense, but he cannot fully enter into the feeling, and must miss much of the beauties; so the other, by means of a handbook, may treat the disease, but there is much which he, too, misses and cannot see. What, moreover, he is most likely to miss is that which affects, not only the present, but the future of his patient, and what in one member of a family may throw light on the affections of the others.

The great advance which the science of Medicine has made does not merely lie in the discrimination and accurate description of the various affections which are met with; although in this much has been done. It has been much in fashion of late to exhume from ancient writings the descriptions of diseases, for the purpose of showing the acuteness of observation and intimate knowledge of the fathers of our art. But to me these descriptions are but as dry bones when compared with the science of the day which has brought them together, bone to its bone, and not only clothed them with flesh, but imparted to them a living principle,—which has recognised among the disassociated diseases of our nosological classification the actions of one and the same morbid agency; or, regarding it from another point of view, which has enabled us to discriminate in local manifestations of the same character the effects of very different causes.

It is a matter for just pride to be able to say, with regard to the progress of medicine, that we have consigned to the grave the "entity of disease," and that the occurrence of so-called "idiopathic" affections is every day becoming more and more rare. But while I would thus express the advance of medicine, there is much in our teaching and in our textbooks that tends to foster in our minds the idea of "entity," and, from lack of knowledge, to increase the supposed idiopathic nature of local affections. Now, judging from my own experience, there is no field of medicine better adapted for studying disease in the light of which I now speak than the diseases of children. The frequency of the diathetic states, and the readiness with which they can be detected, from their well-marked characters in childhood, render the study of our subject one of the best means of extending our views as to disease, and of throwing much light upon the pathological phenomena which are met with in after-life.

An appreciation of the part which the constitutional state plays in disease is daily gaining ground in reference to children, and marks the most important advance made regarding their diseases. This is in a great measure due to the stimulus given to their study, and opportunity for observation afforded by the establishment of special hospitals for their treatment. As the time at our disposal is so limited, it will be impossible for me to enter into minute detail regarding all the affections incident to childhood. But I believe it will be more to your benefit if I endeavour to review them in the light of that advancement of which I have spoken, and put you in possession of the means whereby you can look beyond the mere local affection, and detect the character of that constitutional state which is the primary source of the disease, and through which alone you can expect successfully to treat it. This, together with an acquaintance with the special physiological and pathological peculiarities, make up an amount of foreknowledge which everyone should possess before entering on practice, and which only can be attained by making a special study of the subject.

Before entering upon our course I would have you clearly to understand what it is we are about to study. I once heard the remark made that "there is not much to be

* Although attendance is required on a course of lectures on "Midwifery and the Diseases of Women and *Children*," the last part of the subject never, in Edinburgh at all events, embraces such a review of the subject as is contemplated in the lecture. Sometimes it is never touched upon, and rarely extends further than the management of the child during the first week of life.

learned about children: there are a few diseases not met with in the adult; and there is the modification of doses according to age." I trust such narrow ideas are not common. Some of the diseases which occur in childhood are peculiar to that period of life, but by far the larger number are common to all ages. The term "diseases of children" does not define our study: it is, *disease as it is in children*, whatever its nature may be, the modifications derived from peculiarities in the physiological state, the difference in the symptoms, and the significance of the physical signs.

No better illustration of the necessity for a special study of our subject can I give than that of phthisis—a disease common to all periods of life, yet which may exist to the most advanced stage in the child without one of the pathognomonic signs which are found in the adult, and on which so much importance is laid. No question is in reality more difficult to give a positive answer to, none where a nicer appreciation of all the manifold elements is required, than to say whether tubercle does or does not exist in children. All the general indications, even to extreme emaciation, may occur from other causes; while the results of the physical examinations are often uncertain or *nil*.

Again, what more common at all periods of life than pneumonia? yet the physiological peculiarities of childhood are at every step stamped upon the affection at that age. From the rapid diffusion of morbid acts in infancy, what to-day seems a trifling catarrh may to-morrow be pneumonia. The reaction in the system takes place rapidly, and is out of all proportion to the material lesion. Symptoms which in the adult would indicate a lesion of serious character may be induced from a trifling cause, such as the presence of worms in the bowel. From the intimate sympathetic relations of all the parts, symptoms of serious derangement of other organs may draw the attention entirely away from the chest, and you may thus be at a loss to say what is the nature of the disease. Again, the progress of symptoms is rapid, the physical signs are evanescent; and soon you may be gratified to find remission of the symptoms. The rapidity of breathing has gone, the fever is less, and you may be induced to give a favourable prognosis. Next day the child is dead, and by sad experience you learn the fact that in children reaction may suddenly become lowered without a favourable change having taken place in the disease.

These two illustrations I have given will suffice to show that a knowledge of disease, as it is in adults, will in no way prepare you to combat affections in childhood, although designated by the same name. Also, that a mere knowledge of symptoms, as detailed in systematic works, is insufficient when brought face to face with the disease under varying physiological and pathological states of the constitution.

Let us briefly glance at the principal peculiarities which mark the period of childhood.

The first and chief—from which, in fact, all the others spring—is, that childhood is the *period of rapid growth and development*. This growth and development takes place in a constant and regular manner; and there is a normal standard whereby we judge of a child's constitutional state. There are certain deviations from this standard, quite consistent with health, but of great importance as indications of the constitutional type and diathetic state which the child has inherited; while there are others which at once manifest a morbid action already present. Here, then, at the first step, we have a point of great practical importance—one which you will have almost daily to bring into practice, and which supplies one of the most important keys to the elucidation of many affections in the early years of life.

As the various parts of the body are undergoing development and growth they are structurally incomplete, and therefore functionally imperfect. Each system, then, demands special study as to its relative condition.

In the process of digestion, what more important than the knowledge of the proper diet as suited to the age? Yet nowhere is the student instructed in this most essential point, while he is soon to become the authority to whom many an anxious mother is to look for guidance. Many are the little details relating to food which medical men are left to acquire in the course of experience, at a cost to the patients they are in the meantime called upon to treat; and many errors thus receive the support and authority of the profession. Many of the affections of infancy are due to improper feeding, and may be satisfactorily treated by judicious regulation of diet alone.

In the respiratory system there exists a combination of circumstances which surrounds this most important function with risks and perils unknown in after years. In the young child the chest-walls are comparatively soft and yielding. The muscular system is feeble. There is frailty with marked excitability in the nervous supply or respiratory force, and the pulmonary vascular system partakes in the impressionable nature of the vascular system in general. There is consequently found great variety in the character of the respiration consistent with health; whilst a knowledge of the signs which indicate disease becomes more important. The clinical interest in auscultation increases as the child gains in age; while, as compared to more advanced years, the sounds heard in the chest are quite idiomatic in their expression of morbid states. No one, therefore, is able to interpret correctly their meaning without very considerable experience and practice. Before placing the ear to the chest, moreover, there is much important information to be obtained by an ocular examination of the chest as to its form and the character of the respiration—information often more important than that obtained by auscultation, and which is not limited merely to the respiratory system, but affords indications also as to the constitutional state of the child. In the adult such information is more obscure, and is often lost; while many indications so obtained are peculiar to, or, so to speak, idiomatic in, childhood.

The development of the nervous system is at birth complete only as regards those portions concerned in the vegetative process. All the purely animal functions are in abeyance; but the perfecting process takes place with extreme rapidity, and just in proportion to this rapidity is the liability to morbid action. The sympathetic and spinal portions predominate, and possess increased sensibility. The effect of a stimulus is therefore greater and more diffused than in the adult, giving rise to important physiological and pathological peculiarities. The condition known by the term "shock" is accordingly more frequent, and we see children succumb to a burn or scald as rapidly as do adults from the effects of lightning. All surgeons also are glad to get their child-patients safely off the operating-table, and the first few hours after the operation over. The presiding and controlling power of the encephalon is less marked, and produces the greater tendency to reflex actions, to convulsions, spasm, and some forms of paralysis. To the peculiarities of the nervous system are also to be traced many others which belong to a more general pathology.

The blood-forming function demands special study in infancy. But here our knowledge is very deficient. From the activity of the glandular system it may be readily understood that there should exist an increased tendency to alterations in the blood. As a process in itself, therefore, it demands special attention in all diseases, and the great liability to rapid deterioration is a point which must constantly be kept in view in treatment. In the course of a few hours, under an acute disease, its characters may become so altered as to demand the whole attention, while the local lesion must be placed in the background. In the study of therapeutics this peculiarity has not been sufficiently kept in view. No better illustration can I give you than in the employment of mercury. It is a general belief that children bear its administration better than adults; that they are not so liable to be constitutionally affected by it. No more ruinous error exists. Twelve grains of grey powder, or six of the green iodide, are sufficient to establish its constitutional effect in a child. But its action must not be tested upon the gums nor upon the bowels. In children one of the earliest dangerous manifestations is in producing an anæmic effect—one I have seen produced by the doses mentioned,—and for indications of which its administration must be carefully watched.

In addition to the systemic differences I have mentioned, there exists a chain of general peculiarities, which modifies and gives a special character to all morbid phenomena:—

1. There is greater activity of all the vital processes.

2. Through the extreme sensibility of the nervous system, the sympathetic relations of every part are more extensive and acute.

3. There exists with all a frailty of the vital powers, readily excited and soon exhausted.

This chain of physiological conditions produces a corresponding chain of pathological peculiarities:—

1. The exciting causes of disease act more readily.

2. Morbid action is more active and rapid, and is more liable to become diffused; the progress of symptoms also is accordingly rapid, and the physical signs evanescent.

3. Reaction takes place rapidly, and is often out of all proportion to the material lesion.

4. Reaction often suddenly becomes lowered without a favourable change having taken place with regard to the disease.

5. There may also be a want of accordance between the reaction and the lesion—such as pneumonia and pleurisy, with extensive effusion, without acute symptoms. This fact does not contradict the others I have mentioned, for when it occurs there is previous disturbance in the normal physiological relations of the various parts.

6. The frequency with which after death no structural lesion is found, or where lesion exists in one organ alone,—"death being less frequently the result of the material disorders than of the blow given to a weak organisation by a too considerable dynamic reaction." As a corollary to this last remark, I would state that, in the course of many diseases, a period often arrives when the special characters of the disease, in relation to treatment, must be submerged before the more important general conditions of the patient.

I cannot enter further at present into this subject; but in the due appreciation of these facts in their application to special diseases, and in the modification of treatment demanded thereby, you have a vast field of study before you—one which you can alone overtake by giving special attention thereto.

(To be concluded.)

A CASE IN WHICH TWO LOOSE CARTILAGES WERE REMOVED BY SEPARATE OPERATIONS FROM THE LEFT KNEE-JOINT OF THE SAME INDIVIDUAL;

RECOVERY, WITHOUT AN UNFAVOURABLE SYMPTOM.

BY HOLMES COOTE, F.R.C.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

ON the 20th of March I met by appointment Mr. Worship, of Riverhead, to operate on a patient of his, who was suffering from the presence of a loose cartilage in the left knee-joint. As we proceeded to the residence of the patient, Mr. Worship inquired of me whether I had ever met with a case in which two coexisting loose cartilages had been observed in the articulation of the knee. I replied in the negative; although I knew no reason against the possibility of such an occurrence. I had seen numerous loose bodies in the hip-joint of an aged female, who had died after many years' suffering from rheumatic arthritis; and I have since found out that which I did not at the time remember—namely, that Morgagni had related the particulars of a case in which, after death, twenty-five of these bodies were found in the knee-joint of a woman who died of apoplexy. I noticed, however, that some doubt still remained in Mr. Worship's mind whether there were one or more than one in the knee of the patient in question.

On arriving at the house, I found the patient to be a tall, well-made young man of seventeen years of age. The usual symptoms were present, so that he feared to take any active exercise. The patient, having been put on a couch, the loose cartilage was soon found near the inner condyle; but in a moment, owing to some slight movement of the limb, it disappeared. After a short manipulation, we found one on the outer side of the joint,—which we both, I believe, regarded as the same one first felt, having only shifted its position from one side to the other. I at once transfixed it with a long, sharp, and strong needle. The patient then, at his own desire, inhaled chloroform, and became insensible. I made a longitudinal incision down to the synovial membrane over the cartilage, and, raising the latter on the end of the needle, pushed it outwards. A very limited incision through the synovial membrane allowed me to push the cartilage out of the joint. The needle was then removed, and the wound at once closed by three metallic sutures, by strips of plaster, and by a thick layer of collodion. Mr. Worship put the limb on a back-iron splint, and suspended it to a cradle—such as is in common use at St. Bartholomew's Hospital. The limb was not disturbed for a week; and Mr. Worship informed me that in the seven days the wound was closed.

Soon after rising from his bed this gentleman discovered, to his great disappointment, that there was a second loose cartilage in the same knee. Indeed, there was every reason to believe that the cartilage first felt on the inside of the joint was the same as that which now remained, and produced the usual feeling of pain and discomfort.

I met Mr. Worship at Riverhead on April 13th, but we failed to find the cartilage after the most protracted examination. The patient ascribed the failure to the fact of his having kept his bed for the last three days, when, as he said, the cartilage got into some space whence it could not be shaken. On the 17th I again went down by appointment, when the cartilage was found, transfixed by the needle, and removed in precisely the same manner as the former. The after-treatment differed in no respect; no unfavourable symptom supervened, and the gentleman is now well.

The cartilage first extracted was thin and oval, and equalled in circumference the last joint of a man's thumb. That removed by the second operation was smaller than the other, concave on one side and convex on the other.

The case here related is in many respects worthy of consideration. In the first place, it offers some evidence to prove that loose cartilages within the joints have more than one manner of formation. I will just allude to the wild idea that they may be formed of a "solidified precipitate from the synovia." Such an hypothesis speaks for itself, and is its own condemnation. These bodies are for the most part formed in the synovial fringes, where they are nourished, and they grow until detached by accidental movements of the limb. They consist of fibro-cartilage and of earthy concretions, but not of true bone. Nor do they seem to me to increase in size after having been once fairly detached. On the contrary, I fancy I have observed that in the older cases they become shrunken, yellow, and opaque. The peduncle of attachment is soon obliterated. But the second fibro-cartilage seemed to me, from its shape and general appearance, to have been a portion of hypertrophied articular cartilage—as if it had been an outgrowth from the margin of the articular cartilage covering the extremity of the femur, and had by some accident been detached or chipped off.

Whatever may be the explanation, the case is worthy of notice in its practical bearing as to the possibility of there being two loose cartilages in the same joint—a fact impossible to determine, except upon the supposition that the patient or the surgeon may have had the luck to find them both within the grasp of his hand at the same moment.

Much has been written on the mode of removing these loose cartilages. The dangers attending a penetrating wound of a joint are well known; and of all joints, that of the knee, being the largest, gives us greatest cause of anxiety. Hence we hear of valvular incisions, of subcutaneous sections, &c., that the risk of admitting air into the joint may be avoided.

The removal of the loose cartilage by a long subcutaneous incision, as practised by Mr. Square, has the advantages attending all subcutaneous operations; but it is not quite so easy of accomplishment, nor can it be so promptly performed as the operation by direct incision. The only troublesome consequence which I have known to supervene has been a low form of inflammation in the subcutaneous areolar tissue, followed by repeated attacks of ulceration of the skin.

The mode of operating which I adopted in this case, and have repeated in other instances, effects the removal of the loose cartilage without any interference with the interior of the joint; while the immediate closure of the wound puts the divided parts into that condition most favourable for recovery. Seven days sufficed for perfect union.

Among many surgeons the free employment of antiseptics,

both during and after operations, finds much favour at the present day; and in this very operation now under consideration, Mr. Lister advocates the use of the carbolic-acid oil (one part in six). Contrary to the view thus entertained, I believe that in cases of blood-poisoning the septic material enters the system, not from the secretions of the wound, but by means of the infected atmosphere, and through the lungs. Hence I reserve antiseptic agents for cases in which some manifest unpleasant odour has to be corrected. In a case related by Mr. Lister in the *Glasgow Medical Journal*, Nov. 1868, and treated upon the antiseptic method, the operation of removing a loose cartilage from the knee was performed on July 2nd, and the patient pronounced well on the 12th—a period of ten days. In the case related by me, in each operation union was complete in a period of seven days.

Finally, I believe that whenever we have to deal with a case in which two loose cartilages are contained in one joint, it is better, unless both be in close contact, to remove them by separate operations, than to make two openings consecutively on opposite sides of the limb.

Margaret-street, Cavendish-square, May, 1869.

THE PRESENCE OF MUSCULAR FIBRE IN ERECTILE TUMOURS.

BY CAMPBELL DE MORGAN, F.R.S.,
SURGEON TO THE MIDDLESEX HOSPITAL.

THE last number of the Guy's Hospital Reports contains an account by Mr. Poland of an erectile tumour of the foot, with a very full and interesting description of the microscopic structure by Mr. Howse. Amongst the elements which composed the tumour was found striated muscular fibre; and Mr. Howse believes this to be "the only recorded case of its occurrence in an erectile growth on the limbs."

The cases of erectile tumour originating in muscle are not of frequent occurrence, although extension from cutaneous or subcutaneous growths into the muscular tissue is not uncommon. In the latter case muscular fibre is never, I believe, found as a constituent element of the tumour; but in the vascular growths originating in muscle it is often present. It may seem bold to make such a statement, considering that so few of these tumours have been described, but in three out of that small number striped muscular fibre was detected by my colleague Mr. Hulke, who was the first to point out the presence of this tissue in vascular growths. These cases, with Mr. Hulke's reports on the structure of the tumours, were published in the *Medico-Chirurgical Review* for January, 1864. In one case, removed by me, the tumour was seated in the rectus muscle of the thigh, in a woman. In another it occupied the upper part of the gastrocnemius, in a young girl. In the third, removed by Mr. Shaw, also from a girl, it lay on the edge, and extended someway into the interior, of the latissimus dorsi and serratus magnus, and the intercostal muscle between the sixth and seventh ribs.

It is remarkable, as showing the infrequency of these tumours, that the first on record was one described by Mr. Liston, in the twenty-sixth volume of the Medico-Chirurgical Transactions. In 1864, except the three specimens in the Middlesex Hospital museum, the only preparation I could find was in the museum of St. Bartholomew's Hospital. I do not know whether Mr. Liston's specimen was preserved; but there was not one in the museum of the Royal College of Surgeons. Demarquay, who says that these tumours are not rare, could only collect six cases. Some of these growths are not distinct tumours, separated by an areolar sheath from the muscular substance in which they are imbedded, but are incorporated with the muscle as though they originated in its vascular tissue. In such structures one might expect that the muscular element would be present, though I do not know that it has been detected. Others of these growths are, however, separated from the fibres of the muscle in which they are imbedded by an areolar sheath. This was the case in two, certainly, and perhaps originally in the third, of the specimens examined by Mr. Hulke, and found to contain striped fibre.

It is yet to be determined whether these fibres belonged to the muscle in the first instance, and were cut off from it in the advance of the tumour, or whether, as has been suggested by Mr. Howse, they were developed in the tumour in obedience to the law under which morbid growths so frequently assume the arrangement and structure of the organs near or in which they lie. In the cases examined by Mr. Hulke, the fibres resembled those of the surrounding muscle in size and fibrillation, but were pale, somewhat granular, and evidently undergoing degeneration. In Mr. Poland's case the fibres were of variable size, and some were bifid—an arrangement not found in the muscles of the limbs; and its existence, perhaps, justifies Mr. Howse in the view he has taken.

It is not in all cases of vascular growth connected with muscle that striped muscular fibres are found. Perhaps it would be more correct to say that they are not to be found in all parts of such growths. I recently operated on a very large nævus which had grown from the time of birth on the back of a child a year and a half old. It measured about three inches across by two inches from above downwards. It was fixed, and the skin was freely movable over it. It became very full and tense when the child cried or struggled. I tried to remove it by dissection, finding that the parts first exposed could be separated readily from the muscles, the latissimus dorsi and rhomboids, under which it lay, and which had to be divided. But on getting to the deep part, it was found so intimately blended with the intercostal muscles that it could not be separated from them without opening large venous sinuses, which bled profusely. I had therefore to content myself with transfixing and tying firmly in four sections. The mass thus ligatured was cut away. The child made a good recovery. Mr. Hulke was again good enough to examine the structure carefully, but could not detect any trace of muscular fibre. There can be little doubt, notwithstanding, that this was a true case of vascular tumour originating in muscle, as all the parts of it which were not immediately connected with muscle were separated from the surrounding tissues by a sheath of connective tissue.

Upper Seymour-street, May, 1869.

ON THE

STRUCTURE OF THE ADULT HUMAN VITREOUS HUMOUR.

BY DAVID SMITH, M.D., M.R.C.S.

THE RELATION OF THE VITREOUS HUMOUR TO INTRAOCULAR TENSION.

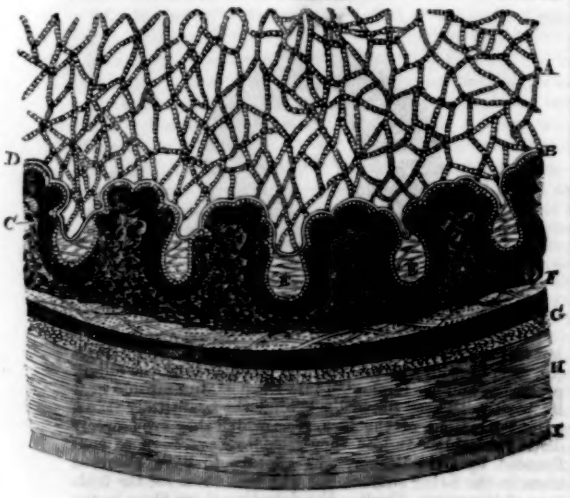
(*Continued from page 635.*)

THERE still remains for consideration a part of the aqueous capsule, which is of vital importance to the healthy tension of the globe, and for the explanation of some of the physiological actions of the eye.

In the healthy eye, the aqueous capsule, as has been said, is always full; but the membrane which surrounds the posterior hemisphere (the hyaloid) is inextensible, so that a slight increase of fluid would rupture it, and produce disorganisation of the retina, which lies upon its outer surface. As rupture of the hyaloid is a condition which probably rarely happens, even in considerable distension of the vitreous cavity, the question naturally arises, How is this untoward circumstance prevented? This, as well as other questions relating to intraocular tension, is solved by a knowledge of the structure and actions of the ciliary body. To understand this, however, it will be necessary first to enter shortly into the consideration of the elements which go to form the structure of this important part. Make a vertical section of the tunics of the eyeball in their thickness, one-eighth of an inch from the margin of the cornea, and transversely as regards the ciliary processes (Fig. 6). In the substance of the ciliary body, and between the layers of the bloodvessels, there are observed bands of elastic tissue (r), the fibres of which have an annular direction to

the front of the globe, and have points of attachment at short distances, so that by contracting they diminish the diameter of the ciliary body. Fasciculi of the same tissue are observed in the sulci of the ciliary processes (E), which pass between and connect the adjoining ridges of the latter, the evident function of which is to co-operate with the annular fibres above referred to in approximating the ciliary processes. As the zone of Zinn (B) is not an elastic membrane, it cannot stretch as the ciliary processes separate; but to make up for this apparent deficiency, it dips into the sulci between the ridges, becoming tense when the latter separate, and loose when they approximate. Besides these structures, all the tunics of the eyeball, without exception, have a connexion with the ciliary body: the retina by means of the granular membrane (D) described by Bowman;* the choroid by means of the ciliary processes; the sclerotica indirectly by means of the fibres proceeding from the posterior elastic lamina, and which enclose the canal of Schlemm (Fig. 5, E), and the cornea, which, with the ciliary body, forms part of the aqueous sphere itself. The ciliary body is also the part from which the humours of the eye are replenished. The multiplicity of parts which enter into the construction of the corpus ciliare confer upon it important actions which we will now discuss.

FIG. 6.



Section of the Tunics of the Eyeball near the cornea, and transversely to the ciliary processes.

A, Vitreous tissue. B, Structureless membrane of Zinn. CCCC, Ridges of the ciliary processes. D, Granular membrane—the continuation of the retina upon the ciliary processes. E, Elastic tissue between the ridges of the ciliary processes. F, Part of the substance of the ciliary body teased out, showing the annular elastic fibres between layers of the bloodvessels. G, Cut ends of the fibres of the ciliary muscle. H, Sclerotica. I, Sclerotic conjunctiva.

(a) The ciliary body, contracting by virtue of the elastic fibres which it contains, must act equally upon the posterior elastic lamina and the hyaloid, and therefore maintain an equal tension in the anterior and posterior hemispheres of the globe; for it forms the connecting link between the two. The posterior elastic lamina and the vitreous tissue themselves exert a certain degree of resiliency upon the fluid of the aqueous capsule, but they are powerfully assisted in their operation by the elastic structures of the ciliary processes. It is by these combined forces that the aqueous capsule of the eye acquires the character of a solid sphere with the least expenditure of distending force within. The posterior elastic lamina, being supported in front by the lamellated tissue of the cornea, is capable of resisting a greater degree of intraocular pressure than the hyaloid of the posterior hemisphere. This is important in so far as the ciliary muscle takes its origin from it at the margin of the cornea, and it enables us to explain why effusion takes place by preference into the posterior hemisphere rather than into the anterior, in cases in which the disposition to effusion into both hemispheres is otherwise equal.

* Op. cit., p. 56.

(b) The elastic property of the ciliary body shifts upon itself a great part of the distending force of the vitreous body, and prevents the delicate retina from being compressed between the vitreous on the one hand, and the resisting overlying tunics on the other. A provision of this sort is necessary, for the retina is composed of elements extremely brittle. The *rods* more especially have this property, which are supposed by their vibrations to give rise to the perception of light; and in the whole extent of the retina they are arranged in point of direction parallel to the distending force of the vitreous. If therefore the distension of the vitreous fell upon the retina, the rods, in opposing their slender stems to its full force, would inevitably be broken. Again, a very slight pressure upon the retina is found to produce great disturbance of its functions. This may be observed by pressing the finger on the anterior part of the eyeball, the merest touch of which is communicated to the posterior hemisphere of the globe, and causes a luminous spectrum to appear before the eye. The same effect is produced in diseases which induce much distension of the hyaloid membrane, or increased fulness of the choroid. Now it has been already shown (page 634) that the vitreous within the hyaloid membrane does possess a distending force, but that it is prevented from being communicated beyond the hyaloid membrane and from compressing the retina. This is mainly owing to the elasticity of the vitreous tissue and ciliary body, which acts in the following manner. The highly elastic vitreous tissue, in springing from the ciliary processes, is surrounded by the hyaloid membrane, which is also bound down to the same part; but the hyaloid is perfectly inextensible, in which case the distending force of the humour is thrown back upon the ciliary processes and causes them to dilate. This is the only yielding part of the aqueous capsule in the posterior hemisphere, and therefore the pressure of the vitreous falls upon a part practically outside the retina.

But the ciliary processes contain numerous bloodvessels which are liable to be compressed. The pressure of the vitreous, in falling chiefly on this part, evades the vessels of the ciliary processes by the arrangement of the zone of Zinn. The vessels of each ridge (C) pass almost in straight lines from behind forwards, leaving the interspaces free of vessels. The interspaces are spanned by elastic fibres (E), which allow the processes to separate by slight pressure from within; and the zone of Zinn (B), in dipping into each of the furrows, allows the distending force of the vitreous fluid to be applied in a wedge-like form to the spaces where no vessels exist.

Thus, by the elastic structure of the corpus ciliare, are avoided the injurious consequences which would result if the pressure of the vitreous humour were applied equally over the whole circumference of the posterior hemisphere; for in front of the *ora serrata* the true retinal elements have ceased to exist, and here also a provision obtains whereby its bloodvessels are not compressed.

(c) The ciliary body is a movable structure, which, by expanding and contracting, accommodates, within certain limits, the capacity of the aqueous capsule to variations in the amount of fluid. It is probable that the amount of vitreous fluid varies somewhat in health; at all events, it is certain that it does so in disease; and yet in either case we do not find slight increase or diminution of its amount producing much disturbance of vision, such as we would expect if the retina were subjected to variations of pressure. The elasticity of the ciliary body suggests the explanation. The manner in which it accomplishes this may be practically illustrated by observing the change of shape which takes place in the vitreous body during its maceration in water. For this purpose an eye of one of the larger quadrupeds is best, as in it the effects produced are more readily observed than in the human eye. Let the tunics of the eye of such an animal be removed from the vitreous body, so as not to disturb the plaitings of the zone of Zinn, and let the vitreous, with the crystalline lens enclosed in its capsule, be macerated in water to which the least quantity of some preservative fluid has been added. After a few days the anterior facing of the hyaloid becomes more distended with fluid, the crystalline lens in its capsule is advanced forward, the fibres which formerly bound the plaitings of the zone of Zinn have given way, and the plaitings themselves have become obliterated; in fine, the vitreous body has absorbed some of the water in which it is macerated, and has

distended its anterior facing, while the hyaloid which corresponds to the retina has, to all appearance, remained the same. And though the ciliary processes cannot be seen by an observer in the living eye, the changes which take place in the shape of the globe, and in the position of some of its contents, enable us to infer that the former expand and advance forward when the vitreous becomes superabundant. As has been already stated, the aqueous capsule (or lesser sphere, of which the cornea forms a segment, and into which the ciliary circle is woven) bears the distending force of the fluids of the eye; but when the vitreous is increased the lesser sphere necessarily enlarges, and ultimately merges into that of the sclerotica, so that the pressure is now borne equally by the cornea and sclerotica. As a consequence of this, the depression which normally exists at the junction of the cornea and sclerotica becomes obliterated, the crystalline lens, which is attached to the ciliary circle by ligament, is dragged forward through the pupil, and the iris is pressed nearly in contact with the cornea—changes which could hardly take place without the ciliary processes expanding and advancing forwards as the pressure within the hyaloid increases from the accumulation of fluid behind. The changes here represented are those observed in the advanced stage of acute glaucoma, and vision in such cases may be nearly destroyed from pressure on the retina; but every variation in the distension of the hyaloid occurs in the earlier stages, and as showing the conservative action of the ciliary body in warding off the increased pressure from the retina in the slighter forms, the crystalline lens may be somewhat advanced, the tension of the anterior hemisphere considerably increased, accompanied with some flattening of the cornea, but in which no excavation of the optic disc has occurred, nor hardly any impairment of the function of the retina.

Another effect of the increase of fluid within the hyaloid, and of the advance of the ciliary processes just described, is the displacement of a certain amount of blood contained in these organs, and in the ciliary muscle. This becomes a matter of necessity, as the sclerotica is not distensible to the ordinary forces that are applied to it from within. The exit of the blood in such circumstances is provided for by the anterior ciliary veins which emerge from the anterior part of the sclerotica, and are invariably observed to be greatly enlarged when intraocular tension is increased.

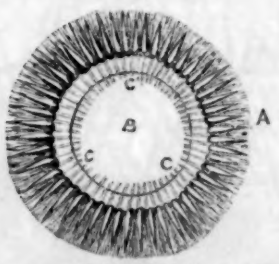
But the amount of vitreous fluid may also *decrease*, within certain limits, without disturbance of vision, and this also is explained by the elasticity of the ciliary processes. In this case the ciliary processes contract upon the diminished vitreous, falling back, and approaching with their apices the margin of the crystalline lens; and from the connexion which the retina, choroid, and sclerotica have with the ciliary body, they are likewise acted upon in an equal degree. By this means the hyaloid membrane is kept tense, and to it are maintained the close adaptation of the ocular tunics. We have an illustration of this state in advanced age, in which all the fluids of the body, as well as those of the aqueous capsule, are diminished, and which is one of the causes which contribute to the production of presbyopia in the aged, the hypermetropia acquisita of Donders. In exaggerated degrees of atrophy of the vitreous, the ciliary processes fail to contract upon the contained fluid, and in such cases the hyaloid is shrivelled, and the retina, which should be spread out into an even sheet, is thrown into folds. The explanation of this pathological condition seems to be this: that the inflammatory action which produces the atrophy of the vitreous, destroys, at the same time, the motive power of the ciliary processes.

From what has been said under this head, the elastic expansion and contraction of the ciliary processes which follows the increase or diminution of the vitreous fluid, is to the vitreous body what the coils of elastic tissue of the bloodvessels are to the blood within the arterial system; it is the part on which the distending vitreous chiefly falls, and which accommodates the capacity of the hyaloid to variations in the amount of fluid which it may undergo.

(*d*) The ciliary processes and vitreous tissue antagonise the action of the ciliary muscle in the accommodation of the eye for near objects. From the position of the ciliary muscle, and from the origin and insertion of its fibres, it would appear that during its action in the accommodation of the eye for near objects, the ciliary processes must be advanced towards the junction of the cornea and sclerotica; and as the structure of the vitreous humour takes its origin from these organs by membraneous segments, which become blended with the hyaloid in the equator of the globe, the form of the vitreous body will be also somewhat altered by the same means. Now, supposing this to be the case, the effect of the elastic force of the ciliary body and vitreous tissue will be to bring these parts back to their original position and form whenever the ciliary muscle has ceased to act. This force inherent in the ciliary circle and vitreous tissue would seem to antagonise the action of the ciliary muscle in the same way as the elastic tissue of the pulmonary vesicles antagonises the inspiratory muscles in respiration, and induces the condition of rest which follows the accommodative action of the eye.

But from the connexion which the ciliary processes have with the crystalline lens, these organs appear to have an important effect in inducing that change of form of the latter which corrects distantial aberration. It is regarded as proved, by most philosophers, that the anterior surface of the crystalline lens increases in convexity, and that the posterior surface undergoes little or no change of form, during the exercise of the eye on near objects. As the explanation of this change has been sought for in vain, it is hoped that the knowledge of the following structure may assist in clearing up the mystery. In the clear space between the ciliary processes (Fig. 7) and the rim of the lens,

FIG. 7.



A, Ciliary processes. B, Posterior capsule. C C C, Ligamentous fibres of the posterior capsule.

but in the substance of the vitreous, is a zone of strong fibres (c), each of which arises from the blunt ends of the ciliary processes, and are implanted into the posterior capsule near its border. These fibres lie behind the beautifully transparent ligament of the lens, from which they are scarcely distinguishable. Indeed they seem to have been so confounded by Otto Becker, who appears to have observed them in the living subject, but who took them for the foldings of the zonula Zinnii. For detecting these fibres in the dead subject, first the cornea, then the iris, and then the anterior capsule of the lens, may be removed to their extreme border, and the lens itself lifted wholly from its bed. The posterior hemisphere of the globe may then be divided transversely into an anterior and a posterior segment, the former being retained for examination. After removing the greater part of the vitreous from the anterior segment, the latter is to be placed on a glass slide and treated with dilute nitric acid. The parts left are, the ciliary processes, the zone of Zinn, the posterior capsule of the lens, and the fibres under investigation, the latter of which may be readily observed with an object-glass of moderate power. I have not observed any of the fibres passing between the ciliary processes and the anterior capsule of the lens; but their place would appear to be taken in the latter situation by the suspensory ligament, which is inserted into the anterior capsule a little way from its margin.* Thus it may be said that there are two ligaments of the lens: one of the anterior and the other of the posterior capsule. Now, supposing, as before, that in the accommodation of the eye for near objects the ciliary processes are drawn forward by the ciliary muscle, the first effect upon the crystalline body will be a traction upon its entire border from behind forwards; but as the septum between the anterior and posterior hemispheres renders the immediate displacement of the aqueous humour impossible, the lens will not be moved forward by this force. In these circumstances the posterior capsule

* Bowman, op. cit., p. 57.

will only be more closely applied to the crystalline body, but the ligament of the anterior capsule will be slackened, while the anterior capsule itself will become more convex from its innate tendency to curl upon itself, moulding to the form which it takes the soft lenticular substance on which it rests. After the action of the ciliary muscle ceases, and on the ciliary processes falling back to their position of rest, a traction backwards will be brought to bear upon the anterior capsule, in consequence of which it will be rendered more tense, and the increased convexity (acquired by the preceding action) overcome, while the strain upon the thin and less elastic posterior capsule will be removed.

(To be continued.)

A CASE IN WHICH A BRACE-BUCKLE WAS SWALLOWED, AND IMPACTED IN THE ŒSOPHAGUS FOURTEEN DAYS.

BY T. BOND, F.R.C.S., B.S. LOND.

THE interest of the cases of impaction of artificial teeth in the œsophagus, lately communicated to THE LANCET by Mr. Pollock, induces me to publish the following case:—

On the 3rd of January I was called to see a gentleman who, while in a state of delirium, had, as his attendant informed me, swallowed his brace-buckle, with leather attached. It was made of the usual brass-coloured metal, and measured an inch and a half in length, and one inch and a quarter in breadth, the attached leathers each measuring four inches. I was informed that immediately on swallowing it a paroxysm of suffocation occurred for a few minutes. On arrival within ten minutes, I found the patient breathing perfectly well and naturally, and able to take fluids without difficulty; so I first collected evidence of his having swallowed anything, and was shown the fellow buckle to that which he was seen to swallow. As he refused to open his mouth, I made an external examination of the neck, but could discover no evidence of any such body being lodged in the pharynx. After a few hours he allowed me to pass a long pair of œsophagus forceps fully ten inches, but, having made repeated endeavours, I was unable to grasp or feel any foreign body. Knowing the gravity of the case, and thinking that it could not have passed into the stomach, I resolved to have another opinion before further meddling with probangs, &c.; and having obtained the services of Mr. John Wood, he repeated my endeavours with forceps, with a similar result. He then proceeded to pass a stomach-pump tube, but, on getting about an inch further than the forceps would reach, encountered an obstruction, any endeavour to overcome which caused fearful suffocating spasms, and after a few more attempts he was obliged to desist.

The patient passed a good night, but next day complained of a feeling of oppression opposite the lower part of the sternum, and a pain radiating towards the right side. He continued to take beef-tea and sopped bread without any particular difficulty, except a slight feeling of obstruction immediately after swallowing.

After a few days Mr. Wood again attempted to pass the tube, but still unsuccessfully; it, however, evidently passed further down, and was only arrested close on the entrance to the stomach. In the meantime a pair of straight forceps had been made long enough to pass into the stomach; but, although they could be passed as far as the obstruction, no foreign body could be felt or grasped.

On Jan. 11th, the pain and discomfort having continued to increase, Sir Wm. Fergusson was by the patient's desire called in consultation with Mr. Wood and myself. He having tried the tube unsuccessfully, then used the forceps, and although meeting with much obstruction, boldly passed them fairly into the stomach, causing, however, such intense spasm and pain that it was impossible to make a very careful exploration, so that he was unable to feel any hard substance.

On the 16th the pain and obstruction had increased alarmingly. The patient had great difficulty in taking any food whatever. He spat a little blood, and suffered much from constant and distressing cough.

On the 17th, after another consultation, Sir William Fergusson proceeded to pass a whalebone probang, with an ivory knob at the extremity about the size of a pigeon's egg, and at once determinedly thrust it through the obstruction, which caused for a time such agonising pain that no further examination could be made after withdrawing the probang. After a couple of hours, the pain having somewhat subsided, the patient took some beef-tea, and, although feeling very sore, found no obstruction whatever in swallowing, and in three days all pain had entirely ceased, nor has he up to this time felt any inconvenience. He is now in perfect health, and, although he watched for some time, has not discovered any foreign substance to have been passed by the bowel.

There can be no doubt, I think, that the buckle was lodged in the lower part of the œsophagus till pushed down by the probang; and further, I think it must still be in the stomach, as I cannot believe that a body of such size could pass by the bowel without being felt.

Parliament-street, April, 1869.

CASES OF AGUE TREATED BY CARBOLIC ACID.*

BY E. C. MARKEY, L.R.C.P.I.,
ASSISTANT-SURGEON 2ND BATTALION, 25TH REGIMENT, K. O. B.

IN THE LANCET of January 23rd I read an article on carbolic acid in ague. I had tried it at Berhampore in August last, but found no good effects from it. I send a short abstract of a few cases in which I tried this new panacea for all diseases. I have had 150 cases of ague within the past three months.

CASE 1.—Private W. F——, aged thirty; thirteen years' service; temperate; admitted to hospital Feb. 24th, 1869. Had suffered from repeated attacks of ague at Kurrachee in 1864; had dysentery at Aden in 1866; two attacks of dysentery at Trincomalee in 1866; and suffered severely from fever when stationed at Berhampore, Lower Bengal, during the summer of 1868. Had slight fever on march to Bareilly in Nov. 1868. Felt quite well from date of arrival here (Dec. 9th) to the morning of the 22nd February, when he was suddenly seized, while at the urinal, with ague, which lasted an hour and a half; fever, headache (particularly across the temples), thirst, nausea, &c., supervened, and lasted till afternoon, when he felt quite well again.

Feb. 24th.—Had no fever nor ague on 23rd. Slept quite well up to 3 o'clock this morning, when he awoke feeling cold and chilly; got a sharp attack of ague at 5 o'clock, which lasted one hour, followed by hot stage; nausea, headache, thirst; pulse 120; furred tongue; constipation; high-coloured, scanty urine, sp. gr. 1035, acid; face and eyes congested. Complained of slight pain across pit of stomach on inspiration, and short cough at night. Little, if any, hepatic or splenic enlargement. Ordered a draught of compound rhubarb and calomel, five grains, immediately; carbolic acid, five minims every four hours; mustard to stomach.

25th.—Slept badly. Got ague about 12 o'clock last night, which lasted about two hours; then he fell asleep, and awoke this morning free from fever, with the exception of slight headache and dull pain in eyes; pulse 66; yellowish tinge of skin; urine acid, 1035; bowels free. Carbolic acid repeated.

26th.—Had no sleep. Got a sharp attack of ague at 12 o'clock last night, followed by high fever, vomiting, thirst, headache; skin hot; is very restless; pulse 110; eyes suffused. Carbolic acid now stopped, and ten-grain doses of quinine in effervescence given every three hours; small blister to stomach.

27th.—Slept tolerably well; is better in every respect; but little thirst; no vomiting. Quinine in sulphuric acid, ten grains, every four hours; occasional alterative doses of ipecacuanha and podophyllin at night.

March 9th.—This man is now convalescent. Has had no fever whatever since 26th February.

CASE 2.—Private G. B——, a large, powerfully-built man, aged twenty-six; seven years' service; temperate; ad-

* Communicated by Sir Dominic Corrigan.

mitted on the 23rd of February. He had served in Ceylon from 1863 to Dec. 1867. Spent almost the entire time at the hill station there. While stationed at Berhampore, in August, he suffered from a sharp attack of remittent fever. He states that since his arrival in Bareilly in December, 1868, he felt quite well, although he occasionally got a "weakness" across his loins and back. I met this man some days before he got fever, and was so struck with his appearance that I questioned him on the subject; but he stated he felt quite well. On the evening of Feb. 20th, after working in a carpenter's shop, he felt "seedy;" slept badly. On the following day he felt unwell, but tried to work it off. Next night he slept badly again; and on the morning of the 22nd, while getting out of bed, he became quite giddy, felt burning hot, inclined to vomit, &c. Reported himself sick.

On presenting himself at the hospital he was hot and feverish, with quick pulse, hot skin, furred tongue, thirst, high-coloured scanty urine, bowels free, nausea, and headache. Half a drachm of ipecacuanha was given as an emetic. He vomited a quantity of yellow bile, resembling the yelk of an egg, broke out into a perspiration, and felt considerably relieved. Ordered diaphoretic mixture every three hours.

Feb. 23rd.—Got ague this morning at 7 o'clock, which lasted an hour, followed by slight fever, pain across the temples, furred tongue, pulse 96, thirst, and nausea. To have five minims of carbolic acid, in mucilage, every four hours.

24th.—Tongue a little cleaner; pulse 86; slept tolerably well; urine alkaline, sp. gr. 1033. Repeat the carbolic acid. Slops given; lime-juice to relieve the thirst.

25th.—Got fever; no ague about 12 o'clock last night; very restless; no sleep; body covered with cold clammy sweat; weak and exhausted; pulse 90, feeble; respiration 30; urine highly alkaline, sp. gr. 1046; large, furred, flabby tongue, indented by the teeth; eyes sunken; bowels confined. The carbolic acid was now omitted, and five-grain doses of quinine given every two hours in effervescence; mustard applied to the feet and stomach; beef-tea, ether, &c., given now and then. Towards the evening he was better in every respect. To have five grains of calomel, to be taken on the tongue.

26th.—Bowels free; slept; skin cool; pulse 72; tongue cleaning; urine scanty, highly alkaline, sp. gr. 1050. No fever nor ague. Repeat the quinine.

March 9th.—No return of fever or ague. The patient is now convalescent.

CASE 3.—Private J. P——, aged twenty-three, five years' service, temperate, admitted to hospital on Feb. 25th, 1869. Suffered severely from remittent fever at Berhampore in September, 1868, and was seventeen days in hospital in January last for tertian ague at Bareilly. He states that on the afternoon of the 21st February he got a slight touch of fever; can assign no cause. On the morning of the 23rd, about nine o'clock, while at rifle range, he got suddenly a sharp attack of ague, which lasted two hours, and was followed by fever, headache, thirst, &c. After two hours or so sweating came on. Given simply a little aperient medicine.

Feb. 25th.—Got a sharp attack of ague at seven o'clock this morning when on parade; ague lasted about an hour and a half, followed by headache, vomiting, thirst, &c.—Ten A.M.: In hot stage; pulse 130; respiration 42; bowels open; urine scanty, high-coloured; skin hot and biting to the feel; tongue furred, scarlet at tip and edges; pains over body and down legs; cough; pain across epigastrium on coughing; spleen slightly enlarged; skin dusky yellow; eyes suffused. Ordered diaphoretic mixture with five minims of carbolic acid every four hours.

27th.—Had severe ague this morning at five o'clock, which lasted two hours, followed by severe pains across temple; high fever; skin hot and dry; pulse 120; respiration 36; face and eyes congested; severe pains in limbs; bowels rather confined; urine highly alkaline. Omit carbolic acid. To take five grains of quinine every two hours; aperient draught.

March 9th.—This man is convalescent. No return whatever of fever since exhibition of quinine; occasional aperients given to keep bowels open. Has almost entirely lost his congested face; appetite good; tongue clean; urine still alkaline.

CASE 4.—Private M. B——, aged twenty-six. Has been in the service nine years, and is temperate. He was admitted into hospital on Feb. 25th. Had accompanied his regiment to Ceylon in 1863. Was three days in hospital for intermittent fever at Kandy in 1866, and twice in hospital for malarious fever at Berhampore in 1868. States that he felt quite well since his arrival at Bareilly in December, 1868, up to Feb. 20th, 1869. Played at cricket on this day in the sun without a helmet, and felt slightly chilly in the afternoon. On the morning of the 21st he got a slight attack of ague about nine o'clock, and had ague on the 23rd at the same hour.

Feb. 25th.—Got ague this morning about nine o'clock; it lasted an hour and a half, and was followed by fever, hot skin, and nausea; pulse 110, and respiration 36; bowels free; tongue furred, and face congested; no apparent enlargement of liver or spleen; urine high-coloured. He was ordered five minims of carbolic acid every four hours.

26th.—Feels tolerably well; pulse 66; respiration 18. Repeat carbolic acid.

27th.—Slept badly last night. Got a sharp attack of ague at seven o'clock this morning, attended with bilious vomiting. Pulse 100; respiration 28. Skin hot, bowels confined, tongue dry and furred, and face congested; thirst. Urine: specific gravity 1044; highly alkaline. The carbolic acid was now omitted, and an aperient of calomel and rhubarb given, followed by ten grains of quinine in acid every three hours.

28th.—Slept well; bowels freely open, evacuations dark; pulse 70; tongue moist. Given alterative doses of ipecacuanha every night; quinine as before.

He improved daily. There had been no trace of fever since Feb. 27th. The bowels were regular, and the evacuations soft and yellow; the tongue clean, and appetite good.

March 9th.—Convalescent.

The right wing of the second battalion of the 25th Regiment, which had been stationed at Berhampore in 1868, has suffered severely from ague since its arrival at Bareilly in December last. These cases were treated as they presented themselves. The notes are copied from the case-book. The carbolic acid was given suspended in mucilage, and not in combination with acetic acid, tincture of opium, &c., as recommended by Dr. Keith.

Ten convalescents from ague were given five minims of carbolic acid three times a day for six days. The character of the pulse, urine, &c., were frequently observed both before and after exhibition of the medicine. In three carbolic acid produced a slightly laxative effect. In two there was considerable irritability of the stomach; while in the remaining five no effect whatever was noticeable. The urine underwent little or no change either in colour or in specific gravity. The pulse was carefully noted both before and after the administration of carbolic acid, and no alteration could be detected.

Bareilly, N. W. P. India, March 17th, 1869.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GREAT NORTHERN HOSPITAL.

CASES OF STRANGULATED HERNIA, WITH REMARKS.

(Under the care of Mr. GAY.)

WE are indebted to Mr. Hopgood for the notes of the following cases:—

W. T——, aged fifty-two, a bulky, beer-drinking cab-driver, was admitted with a large strangulated scrotal hernia. He had been subject to hernia for many years—how many he could not say; but he had only worn a truss

for the last seven or eight, and then rather as an amulet than for any kind of benefit he had derived from it. The hernia consisted of two portions, a reducible and an irreducible, respectively intestinal and omental. The patient is bronchitic, and has mitral disease of the heart, with tumultuous and irregular action.

Strangulation took place, as nearly as can be ascertained, three days since. The tumour is now large, tense, and intolerant of pressure; the constriction at the neck firm; the abdomen full, and inclining to be tympanitic, but by no means tender to the touch; urine thick; bowels obstructed; vomiting constant and fæcal. Hot baths and taxis had been tried with but very partial results, and the latter was again tried whilst the patient was under the influence of chloroform.

Mr. Gay proceeded to operate in the usual manner, and on opening the sac found within it fluid, a reducible knuckle of bowel, and an irreducible portion of omentum. There were no recent adhesions. Both viscera were congested, especially the omentum, over which enormously bloated veins were observed running towards the ring. Still there was no evidence that the viscera were unfit for reduction; the stricture was accordingly divided, and the bowel returned. As the veins of the omentum were not materially reduced in size by relieving the stricture, and it was firmly united to the sac, Mr. Gay determined on not removing it.

The wound was brought together by sutures, a soft pad applied against the ring, and the patient returned to bed. The chloroform gave rise to vomiting, which continued for two days, occasioning severe pain in the seat of the wound, and some difficulty in keeping the hernia from returning. On the third day the patient became comparatively free from pain, but the wound looked sloughy, and the pulse rose from 100 to 120. Wine was administered freely, with fluid nourishment and an occasional opiate. He had been taking ice all along. On the fourth day his bowels acted spontaneously and freely; pulse 108. And on the fifth the bowels were relaxed, with abdominal tenderness and slight tympanitis. Hot fomentations, with calomel and opium, relieved these symptoms, and after three days they entirely ceased. At the end of a fortnight abscesses presented themselves in different parts of the scrotum, the tissues of which were much thickened and tense. The wound made in the operation had partially healed. The abscesses were opened by free incisions, and gave exit to matter and masses of sloughy tissue, which were easily recognised as portions of a thickened sac. Carbolic acid was freely used, and apparently with good effect.

From this time the case went on satisfactorily. Other abscesses, however, formed, and more sloughy tissue came away. The process of healing had commenced, the condition of the patient improved daily, and at the end of ten weeks the scrotum had contracted into a solid mass as far as the ring, the several sinuses having completely cicatrised. The viscera, however, formed a bubonocele in the cul-de-sac formed by the neck of the sac and other textures, as these had become consolidated together at the site of the external ring.

The especial point in this case is *the sloughing of the sac below the seat of stricture*, an event which—as Mr. Gay showed in his work on "Femoral Rupture"—is very likely to occur in persons with disease of the heart, and especially if the system is at the same time vitiated by unhealthy habits. Opening the sac should always be avoided, if possible, in such persons.

M. A——, aged 54, admitted March, 1869; an emaciated, very dusky-coloured woman, with a left femoral hernia about the size of a large walnut, which tilted up over Poupart's ligament. She had suffered from the protrusion for years, and traced it, as she thought, to a continued and violent cough. It varied in size from time to time; and when it became large and uncomfortable, as it occasionally did, she would get relief by partially reducing it herself. She had not worn a truss. Five days ago, after reaching for some line clothes, she was first conscious of pain in the tumour, and found that she could not return any portion of it, as she was accustomed to do: it had become strangulated. Vomiting set in, and became gradually more and more distressing, but did not become decidedly fæcal.

The tumour was very tender to the touch; the abdomen tense and tympanitic, but free from pain on pressure. She complained, however, of a distressing sense of tightness around the abdomen. Her face was anxious; the eyes—as is generally observed to the end in cases of fatal hernia—were bright and clear; the tongue was furred, and the pulse very weak and rapid. Some scybalous matter had been procured from the lower bowel by enemata; but there was no spontaneity of action.

Dr. Cook, of Hampstead, who had watched the case, had made most judicious use of the taxis and other remedies in vain; and it became clear that nothing but relief of the stricture by operation could be of any avail.

As the stricture was tight, and the state of the bowel, consequently, doubtful, Mr. Gay determined on opening the sac. This was done—the patient being under chloroform,—and was followed immediately by a discharge of limpid fluid, and then, in quick succession, by a small jet of *whitish fluid matter*, which had a decidedly feculent smell. On enlarging the opening in the sac, this fluid was found to come from a minute opening in the bowel, which was, however, very speedily choked up by a protrusion of mucous membrane, so that the cylinder did not collapse. This opening was secured by a fine stitch; and believing, from careful examination, that the bowel, although dark, was alive, and might recover, it was returned, the stricture having been so freely divided as to render this step a matter of no difficulty.

The sickness subsided after the operation; but on her recovery from chloroform she complained of severe pain in the region of the wound, which gradually extended itself over the abdomen. Opium and ice afforded temporary relief; but on the following day she vomited a quantity of coffee-ground fluid; the abdomen became severely tympanitic; extremities cold; pulse increasingly feeble and quick; and she sank thirty-six hours after the operation. She died of collapse.

Only a partial post-mortem examination could be made. The strangulated intestine, a portion of ileum, was very dark, and had given way by ulceration at the spot from which the fæcal matter issued during the operation. The portion of bowel bordering the ulcer was softer than the rest of the intestine, but the opening was so closed that neither air nor fluid had escaped. Yet no attempt whatever at reparation had commenced, and the bowel was so dark, and the outline of the darkened portion so abrupt, that it was doubtful whether it could have recovered had the woman survived. Still the tissues were firm. The serous membrane of bowel was frayed in several places along its course for some distance from the strangulated portion.

Prolonged sickness from chloroform after the operation for hernia is, Mr. Gay believes, very apt to thwart its success, and any remedy which would have the effect of preventing or counteracting it would be a great boon in such cases.

In these cases, as well as in another which occurred in private practice, from which Mr. Gay exhibited a portion of intestine that had been nearly severed from its connexions in consequence of the tightness of the stricture, there was no peritonitis before the operation—a fact which supports a remark of Mr. Hutchinson's, to the effect that peritonitis is most commonly a sequence. (See an able lecture by Mr. Hutchinson in the volume of "Clinical Lectures and Reports of the London Hospital" for 1865.) From his observations Mr. Hutchinson infers that peritonitis does not usually arise as the result of either obstruction or strangulation, but, first, from the wound in the peritoneum and handling it when the sac is opened; and secondly, and more frequently, from the returning of a knuckle of intestine, inflamed or mortified, into the abdominal cavity. So much have these considerations weighed on the continent that in 1866 Dr. Gérard advocated the entire abolition in all cases of herniotomy of the fourth step in the operation, viz., the reduction of the gut. (See "De la Kelotomie sans Réduction. Nouvelle Méthode Opératoire de la Hernie Etranglée." 1863.)

The question of opening the sac in cases of strangulated hernia is not to be decided by the practicability of effecting reduction without. Of all questions of surgical practice, it is, perhaps, the one in which an appeal for guidance to an abstract principle is most perilous. It is a step that is either absolutely necessary or not; and the alternative must in every case be decided by circumstances altogether irrespective of the fact that opening the abdominal cavity

adds to the dangers of an operation that is hazardous enough without. If the stricture is in the neck of the sac, it is clear reduction cannot be effected without opening it. Or if the viscera within are supposed to have passed beyond a state of recoverable congestion, it must be opened; it would be almost criminal to effect reduction without. The judgment of the surgeon must determine this course; but should there be any doubt in his mind, as in many—nay, most—cases there must be, it is safer to err on the side of opening the sac, than run the risk of returning a knuckle of mortified intestine into the abdominal cavity for the sake of the less risky proceeding.

The question as to the return of a portion of intestine that has been released from the perils of strangulation is one of very grave moment; and Dr. Gérard has done good service by opening it widely, although his propositions are not likely to obtain unqualified acceptance.

Mr. Gay believes that *reduction* is too indiscriminately resorted to as a rule; that this final and seemingly triumphant step in the operation is apt to be regarded as its main object, rather than as subsidiary to a still remoter and abstractly therapeutic end, to which it is only conditionally conducive, and that Mr. Hutchinson and M. Gérard are unquestionably right in ascribing the high mortality after operations for hernia in part to injudicious reduction; and this view cannot be too often reiterated.

The question of the fitness of a piece of intestine for return, after it has been strangulated, is, even if the gut be inspected, a somewhat difficult one to decide. The very act of strangulation, even if it be not prolonged, may be followed by serious consequences to the bowel, varying much, according to the power of the circulation, the vital strength of the tissues, &c.; and, for the same reasons, if prolonged but for a very few hours, the constriction may prove fatal to it. In one of the cases alluded to—that in which the bowel was almost separated from its connexions by the stricture—the bowel in the sac was alive, but it had contracted adhesions with the opposing surface of the sac, by which it was in all probability supported, and would have been whilst provision was being made for the discharge of the fæces by an outlet in the groin. These adhesions had served two good purposes,—they had cut off the perforated bowel from the possibility of intra-peritoneal fæcal extravasation, and nourished a portion of bowel that might otherwise have perished.

Now, as a rule, it might be stated that the existence of such recent adhesions always supplies the strongest grounds for suspecting that the gut has been, in some part of the strangulated portion, irrecoverably injured. There is, however, a difference, having a practical bearing, in the character of the recently-formed adhesive material, according as it is found to be either simply *organisable* or actually *organised*—a distinction to be determined by the fact of its bleeding or not when torn. The existence of the one is compatible with a state of the bowel in which it *might* be safely returned; whilst that of the other—the organised adhesion—implies changes in the intestine which absolutely forbid such a step, as it is a sure sign of an impending slough; being, in fact, nature's preparation for casting it off with the least unavoidable hazard to the life of the individual. And yet instructions are constantly given that, in operations, all adhesions should be broken down, and that, if necessary to the full observance of the rule, a director, or some such instrument, should be passed around between the bowel and the edge of the stricture. The upshot of this performance is, that, the safeguards against fæcal extravasation having been destroyed, the completion of the operation is signalised by the return of the bowel, extravasation into the peritoneal cavity takes place, and the patient dies.

But a portion of intestine may still be in a condition wholly unfit for reduction, as in the second case, and yet no adhesive matter be found *within* the sac. The constriction has been so tight that the parts are rapidly deprived of the power of forming it. Some bloody, offensive fluid is found in the sac, with a portion of bowel in a state of sphacelus. Under such circumstances reduction would be, of course, contra-indicated.

The records of hernial necropsies afford abundant evidence of the fact that in many instances the patient would have had a better chance of recovery had the intestine been allowed to remain in the sac—and in some cases even without division of the stricture,—than was given him by its reduction. A fæcal abscess, followed by an artificial anus, in many instances not beyond the curative resources of Nature or good surgery, is a result less fraught with danger than the return of a piece of bowel on the verge of, or actually in a state of, sphacelation.

KING'S COLLEGE HOSPITAL.

FIBROUS THICKENING OF THE PYLORUS; PERFORATION; DEATH.

(Under the care of Dr. DUFFIN.)

WE publish the following short note principally because of the effect which was produced upon the patient's distressing symptoms by the use of solid opium.

J. K——, aged thirty-nine, was admitted in November, 1868, suffering from chronic vomiting. She had begun to digest her food badly about eighteen months before admission. A year previously vomiting had supervened, and rapidly increased to three or four times daily. The dyspepsia had throughout the languid type, and no sufficient history of hæmatemesis could be elicited. She was greatly emaciated. The stomach was much distended, reaching half way between the umbilicus and the pubes. The semicircular greater curvature could be traced to the right hypochondrium, where a soft, pliable, sharply-edged tumour was to be detected, under which the fingers could with some care be inserted. This was diagnosed to be an irregular protrusion of the liver. No other tumour could be found. The vomited matters were abundant, and contained multitudes of sarcinæ. Creasote and the hyposulphite of soda were successively given to check the formation of the latter, without result. Bismuth also failed to check the sickness. Ultimately solid opium was resorted to at the rate of three to four grains daily. The vomiting fell rapidly to once in four to six days, the production of sarcinæ was materially checked, and undisturbed nights were procured. Thus matters progressed for five months till April 11th, 1869, when the signs of perforation came on, and she sank in twelve hours.

The post-mortem examination showed simple fibrous thickening around the pylorus, the orifice of which admitted the passage of the little finger; great distension with muscular hypertrophy of the rest of the stomach. A punched out perforation of about the size of a fourpenny-piece existed in the anterior wall near the lesser curvature. The rest of the mucous membrane appeared perfectly healthy, no scars existing at any part, nor anything approaching to a tumour. As had been diagnosed during life, the edge of the liver had simulated a growth near the pylorus.

HOSPITAL FOR CONSUMPTION, BROMPTON.

CASE OF FATAL HÆMOPTYSIS; WITH REMARKS.

(Under the care of Dr. SANDERSON.)

THE relation of hæmoptysis to phthisis is one of the prominent questions of the day. Dr. Douglas Powell has obliged us with the following notes and remarks bearing upon it.

R. W——, aged twenty-five, admitted into the Brompton Hospital Jan. 4th, 1869. Patient was a stoker; had suffered from cough for three years; no hereditary predisposition to phthisis; had measles when a child, followed by bronchitis; never had hæmoptysis; had night-sweats six months ago, not since. Weight on admission, 8 st. 13 lb.; pulse 108.

On examining the chest, the breath-sounds were found to be everywhere harsh, and crepitation was audible in various situations—namely, left base, right supra-spinous fossa, and third cartilage; there was no dulness on percussion.

Patient made fair progress, under treatment by tonics and oil, until March, when the cough became more troublesome, and he lost weight. On the 11th of March he had hæmoptysis to the amount of two ounces. On the 13th this was repeated to the amount of two pints; and the patient died from exhaustion on the 17th.

Autopsy, thirty hours after death.—Body not emaciated; muscles well developed, and of good colour. Heart healthy; an entangled fibrinous coagulum in the left ventricle and

auricle. Both lungs adherent; pleura but little thickened. The apex of the left lung was partially consolidated and œdematous; and presented at its summit some pale granular pneumonic nodules of the size of peas, also scattered grey points surrounded by pigment. At the upper part of the lower lobe, immediately below the septum, there was a cavity of moderate size, sharply defined, with a wall of firm induration only one-sixteenth of an inch in depth. This cavity contained at its lower portion some clotted blood, and at its upper and inner part was seen a small pulmonary aneurism, very widely ruptured, the opening being closed by partially decolorised coagulum. A vessel filled with recent coagulum was traced from one of the main branches of the pulmonary artery to the aneurism. The remainder of the lung was emphysematous, with some scattered horny points surrounded by pigment. At different portions of the right lung, but more particularly at the anterior base, were found patches of granular pinkish consolidation surrounded by more or less congestion and dark discoloration. These patches, from their appearance and the staining around them, had evidently resulted from lobular inflammation secondary to the inhalation of blood.

Remarks.—This case has a certain value in its bearing on the question of hæmoptysis being a cause of phthisis, since it affords positive evidence that blood inhaled into the air-vessels may, in a patient strongly predisposed to pulmonary phthisis (the disease was in this case confirmed and steadily progressing), lead to a lobular pneumonia of a phthisical character. In this case the hæmorrhage was the result of old-standing pulmonary disease, which had laid bare a large vessel, and deprived it of its natural support; the effect of the hæmorrhage can only be looked upon as a determination of a disease already progressing in other parts of the lung to a portion as yet untouched. This case, then, though it gives a graver import to hæmoptysis as a complication in phthisis, does not touch the question raised by Niemeyer, and brought forward at the Clinical Society by Drs. Baümler and Weber—viz., Is phthisis ever the result of hæmoptysis? Experience alone can settle this point; and the fact that Drs. Weber and Baümler are satisfied of the cases they quote being of that origin answers the question with affirmation. But Dr. Powell thinks that most observers will agree with Dr. Weber in his very guarded and valuable observation at the Clinical Society, to the effect that hæmoptysis is not so common a cause of phthisis as Niemeyer believes. Of eleven cases of hæmoptysis, not one was followed by inflammatory symptoms. His own opinion is that hæmoptysis is a most exceptional form of phthisis. Cases of bronchial hæmoptysis are not uncommon, especially in females in early pregnancy, commencing menstruation, or associated with menorrhagia, and other serious hæmorrhages. These cases very seldom exhibit subsequently the signs of pulmonary phthisis, and the prognosis is very favourable. It must also be within the experience of many, how extremely difficult it frequently is, even after very copious pulmonary hæmoptysis, to detect any positive physical signs of disease; yet, if these cases are watched, signs of pulmonary mischief become evident—it may be some months later—at one apex. In these cases there must be, at the time of hæmoptysis, a great tendency to lung disease; and yet the hæmorrhage does not determine it. On the contrary, Dr. Powell thinks the older view of its salutary nature is more borne out by experience. On the other hand, fresh inflammatory mischief at one base is very frequently to be observed after hæmoptysis in cases of phthisis; hence the great importance of examining the bases after the occurrence of this accident. In some of these cases, no doubt, the fresh mischief is the result of the hæmoptysis, though in others the consolidation is found too immediately afterwards for this explanation to hold good. Out of seven cases of fatal hæmoptysis occurring at the Brompton Hospital since February, 1868, of which the source of hæmorrhage has been carefully looked for in five, it has been found to be rupture of a pulmonary aneurism, varying in size from a small pea to a walnut. In some of these cases the hæmoptysis had been repeated and copious at intervals varying from a few days to a month or longer.

THE Lord Chancellor has granted the Commission of the Peace to Benjamin Barrow, Esq., F.R.C.S., Senior Surgeon to the Isle of Wight Royal Infirmary and Honorary Medical Officer to the Borough of Ryde.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 27TH, 1869.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON NEPHROTOMY AS A MEANS OF TREATING RENAL CALCULUS.

BY THOMAS SMITH, F.R.C.S.,

ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, AND SURGEON TO THE HOSPITAL FOR SICK CHILDREN.

THE object of this paper is to introduce to the notice of the Society, for discussion and consideration, a method of treating stones in the kidney and ureter, that the author deems worthy of more thoughtful deliberation than it has hitherto received. The operation of nephrotomy, though mentioned and recommended, with certain reservations, by Hippocrates, was by him and his followers restricted to cases in which there was an external swelling, cases in which, as they expressed it, "Nature showed the way." Even in this limited application, it is doubtful if the operation has ever been performed, except for the relief of renal abscess. So far as the author can ascertain, nephrotomy has been but once employed for the extraction of calculi from the kidney or ureter. This case, which occurred in the seventeenth century, is detailed in this paper. The operation was performed on the person of Mr. Hobson, the British Consul at Venice, from whose kidney an Italian surgeon successfully removed two or three small stones, by an operation performed in the lumbar region. Mr. Hobson subsequently visited England, and was seen and examined in London by competent medical men, who have given an account of the case in the "Philosophical Transactions." In discussing the subject of the paper, the author lays down as most desirable,—1st, that we should be able clearly to recognise the existence of stone in the kidney; and, 2ndly, that an operation should be devised for the removal of the stone which should not put the patient's life in a danger disproportionate to the gravity of his disease and his desire for relief. A method of examining the kidney by palpation is described, by which the author has been able in one case to recognise the existence of tubercular deposits in the infundibulum of the ureter. Should it be impossible from any circumstance to employ this method of examination, so as to recognise a renal calculus, the author is of opinion that in some cases the subjective symptoms alone are so pathognomonic, that the diagnosis might be considered sufficiently clear to proceed to operation; since by the plan of operation recommended in the paper, the kidney could be made the subject of tactile examination without serious danger to life. A plan of operation is detailed by which the pelvis of the kidney can be reached so as to examine it with the forefinger without injury to any important structures.

Whether the performance of this operation would enable a stone to be removed without fatal damage to the renal tissue would (in the author's opinion) depend largely upon the shape, size, connexions of the stone or stones, and the physical conformation of the patient; and while he confesses that there are cases of long-standing branched calculi that could not be removed without inflicting unjustifiable injury to the kidney or the surroundings, yet he believes that he has met with renal calculi that could have been removed without any such violence. If the conditions affecting the removal of the calculus were unfavourable, he believes that the operation would reveal these conditions without injury to the renal tissue, and could then be abandoned without having placed the patient's life in serious danger.

The author thinks that the possibility of removing a stone from the kidney by nephrotomy should first be decided by operation on the dead body of one who has died with a stone in the kidney. He hopes that this experience may shortly be forthcoming, either by others performing the operation themselves on patients who may have died with the disease, or by the kindness of some surgeon giving the author an opportunity of performing the operation under similar circumstances; and this is one of the chief

reasons why the author has made this communication to the Society.

Mr. CURLING thought the paper, although unsupported by cases, a most valuable one, considering the nature of the disease. Two points were to be considered, the practicability of diagnosis and of extraction. In children he thought the disease rare, but it was not so in the adult, and in the latter the difficulty of diagnosis was greatest. Still the subjective signs were pretty certain. Then, supposing the existence of a stone demonstrated, could it be removed? In the cutting part there was no very great difficulty or danger. In colotomy he had often had his finger on the kidney, and had found no difficulty in reaching its pelvis. Were the stone in the pelvis, there would be no great difficulty in removing it. But in the museum at the College of Surgeons there were plenty of specimens to stagger the surgeon. The symptoms might depend on calculi in the calyces, and there would be great difficulty in removing these. In itself the operation would be neither difficult nor dangerous, but its results were more doubtful.

Mr. T. HOLMES said that Mr. Smith had himself shown the great difficulty in diagnosing such cases. He had seen the case referred to, and had coincided in the opinion; yet it turned out to be wrong, as the swelling was tubercular. This was evidence of the initial difficulty. Only in children, as a rule, could we detect the stone; but in adults, notwithstanding the symptoms, how were we to know in which kidney the stone was situated? In the case related the seat of the stone must have been known, and could be pointed out, and probably the stone lay outside the kidney, so that that organ would not be cut at all. Further, calculi frequently existed without any indication of their presence.

Mr. KIALLMARK thought that, as to telling in which kidney the stone lay, that was easy enough from the pain; but even if the situation was known, was the operation justifiable except when suppuration was present?

Mr. MAUNDER had taken the opportunity of performing the operation on the dead subject, and found very little difficulty in exposing the kidney, especially on the right side. The danger of an exploratory operation would be comparatively slight, judging from that of colotomy. As to diagnosis, if there were any difficulty there would probably be found a stone in both. Many years ago, when dealing with the subject, he removed one of the kidneys of a kitten, which did well; not so in the case of a grown cat.

Mr. CALLENDER asked which edge of the quadratus he took for guide; to which Mr. Maunder replied that he took the outer one.

Mr. C. MOORE thought it important to make up our minds as to the condition of the kidney itself, as this was always important after an operation. If a stone were present the kidney would be probably so much damaged as to cause death itself. Again, as to the stage of the disease: if the operation was too early performed, no stone might be found; if too late, it might be unnecessary, as the stone might be encysted.

Mr. SPENCER WELLS said he could answer the objection raised by Mr. Moore, as he had seen three cases where renal calculi had caused extensive suppuration, yet the patients had recovered perfect health after the escape of the calculi. When a surgeon in the navy, he opened a lumbar abscess in a seaman; a large quantity of pus escaped, and then a calculus as large as a scarlet-runner bean. Ten or twelve years ago he opened an abscess by the side of the rectum in a gentleman, and after the pus escaped, he removed a small calculus, which Dr. Bence Jones examined, and said was nearly pure uric acid. In all probability this had been arrested in one of the ureters just before it entered the bladder. The third patient was a woman who had a large cyst of the right kidney, which he treated by tapping and drainage. Two calculi afterwards passed into the bladder, and away by the urethra. These cases proved that patients may regain complete health after a renal calculus has set up extensive suppuration. It was even more likely that success would follow nephrotomy, if a calculus could be removed before it had caused so much damage to the kidney.

Mr. SMITH, in reply, admitted the difficulty both of diagnosis and extraction, and he only suggested the operation now. The vertical incision was the easiest. No doubt many calculi could not be extracted, but if these were very common they would not get into our museums. He would only operate where the diagnosis was well marked.

A THIRD SERIES OF 100 CASES OF OVARIOTOMY, WITH REMARKS ON TAPPING OVARIAN CYSTS.

BY T. SPENCER WELLS, F.R.C.S.,
SURGEON-IN-ORDINARY TO HER MAJESTY'S HOUSEHOLD, AND SURGEON TO THE SAMARITAN HOSPITAL.

The author has arranged in a table all the cases in which he has completed the operation of ovariotomy, from the 200th case included in previous papers to the 300th. In other tables he gives particulars of all his incomplete and exploratory operations. He finds that the mortality lessens as experience increases. Of the first 100 cases, 34 died, and 66 recovered. Of the second 100, 28 died, and 72 recovered. But of this third series of 100 cases, only 23 died, and 77 recovered.

The author has endeavoured to ascertain what influence tapping ovarian cysts may have upon the mortality of subsequent ovariotomy, and he has arranged in a table all his cases where tapping had never been done, and those in which it had been done from once to sixteen times. The general mortality of the 300 cases was 28·33 per cent. Nearly one-half of the patients, or 135, had never been tapped. In them the mortality was 27·40 per cent.—not one per cent. less than the average mortality. Rather more than one-fourth of the patients, or 78, had been tapped once. In them the mortality was 25·64 per cent. There were 19 who had been tapped three times, and the mortality was 26·32 per cent. Of the 36 who were tapped twice the mortality was exactly the same as that of the group of cases tapped from four to sixteen times,—namely, 33·33 per cent.

The author is led by these facts, and by other considerations discussed in the paper, to the following conclusions:

1. That one or many tappings do not considerably increase the mortality of ovariotomy.

2. That tapping may often be a useful prelude to ovariotomy, either by giving time for the general health to improve, or by lessening shock when the fluid is removed a few days or hours before removing the more solid part of an ovarian tumour; and

3. That when the syphon-trocar is used in such a manner as to prevent escape of ovarian fluid into the peritoneal cavity, and of entrance of air into the cyst, the danger of tapping is very small.

Dr. WEST agreed with Mr. Wells as to tapping being of service, especially as a preliminary operation which might satisfy the surgeon, the patient, and her friends. In most cases the patient cannot be said to die of the tapping. We were apt to be dazzled by the success of ovariotomy. He would not speak so, were it not necessary for him to, as it were, recant his former opinions. He could, therefore, with greater grace advocate the use of the minor operation. He would ask if anyone now used iodine after tapping?

Mr. SPENCER WELLS, in reply to Dr. West, said that he had lately conversed with M. Nélaton and M. Boinet, who had both large experience in the treatment of ovarian cysts by iodine injections, and he found that they had both arrived at the same conclusion as his own experience of seven cases would lead to. Of his own seven cases, only one patient was alive who had not since undergone ovariotomy. This one was still in tolerable comfort nearly ten years after the injection; but a rather large cyst could still be felt. If a cyst was unilocular, with thin walls and limpid contents, then, after tapping and injecting iodine, a radical cure occasionally followed. But it was very doubtful whether iodine had much or anything to do with the cure, because tapping alone, without the use of iodine, in this form of cyst was also occasionally completely successful. No more fluid was secreted, the cyst collapsed, its walls probably coalesced, and after a time no trace of it could be detected by the most careful examination. When the contents of a cyst are viscid, iodine is quite useless. In such cysts, and in multilocular cysts generally, injections of iodine should be restricted to cases where for some reason ovariotomy cannot be performed, but where a cure may be hoped for after suppuration and drainage. Here washing out the cavity, once or twice a day, or oftener, with plenty of iodine in solution, becomes very useful, by deodorising the offensive secretions, and probably by preventing absorption of putrid fluid and blood-poisoning.

A NEW lunatic asylum, to accommodate about 1000 patients, is about to be commenced near Preston for the county of Lancaster.

Reviews and Notices of Books.

A Treatise on the Transport of Sick and Wounded Troops. By Deputy Inspector-General THOMAS LONGMORE, C.B., Honorary Surgeon to the Queen, and Professor of Military Surgery at the Army Medical School.

IF we were suddenly obliged, in fulfilment of some of our numerous treaty obligations, to place an auxiliary army on the continent, there is one question, among many others relating to our military organisation, which would then present itself under circumstances very unfavourable to its right solution—viz., the transport of the sick and wounded. The people of England, we suspect, would ill relish a repetition of the humiliating spectacle of a British General, as after the Alma, being obliged to leave his wounded on the field until an ally, having provided for his own, was able to spare the use of his means of transport.

On the 24th of April an inspection took place, before the members of the International Conference, behind the barracks of the Fusilier Guards, of such men of the Infantry Guards and the Rifle as have been trained as sick bearers (Kranken-Träger Companies). Major von Schmerling, of the Fusilier Guards, had the command of the troops on the ground, Dr. Roth, of the Sanitary Corps, and Assistant-Surgeons Drs. Fewerstack and Goering conducting the technical part of the experiments. For the purposes of this inspection the troops had been divided in two sections, of which the first (Fusilier Guards, Grenadier Guards, Emperor Franz No. 2, Rifle Guards) represented a body of a sanitary detachment, for the purpose of picking up the wounded lying in a supposed line of battle. This section, in carrying off the wounded, made use of all the modern appliances in the way of field stretchers, conveying those that were supposed to be most severely injured to carriages of the ambulance corps attached to the Train Battalion of the Royal Guards. This service was performed with the utmost skill and precision, exactly as it would have been done on a field of battle, and in such a manner as to satisfy the members of the Conference that the Kranken-Träger Companies were thoroughly trained.

Then the second section, supplied by the Foot Guards and Grenadier Guards (Emperor Alexander, No. 1) advanced, and brought in the remainder of the wounded, using for the purpose such means as they would have to extemporise on the field of battle, supposing all the usual appliances had been exhausted. Broken limbs were secured by the rifles of the wounded, applied as long splints, and with the same weapons and knapsacks litters were quickly made, on which the injured were carried to the hospital tents in the rear.

Finally, an excursion on the Stettin Railway was organised, and the Conference were shown the way in which wounded men can be carried,—first, in carriages specially fitted for the purpose, in which the field stretchers are slung on india-rubber or leather rings; and, secondly, the manner in which ordinary trucks and carriages of all classes can be utilised for the same purpose.

The Conference were much impressed by the admirable manner in which the men had been trained, and by the perfection of the whole organisation.

We freely admit that something has been done in the way of "inquiry." "Reports" have been submitted to the War Office authorities, and Mr. Cardwell, if asked a question in the House, would be able to say with perfect truth "that the matter is under the serious consideration of the authorities."

There is some reason to hope that this question of transport for the sick and wounded *is* at last under "serious consideration." We see evidence of this in the publication by the War Office of the admirable Treatise on Transport by Professor Longmore. It is well known that no one in the service has paid so much attention to this subject. He is certainly the first authority on it in this country, and we are certain that the work now before us is the most complete and really exhaustive in any language.

Professor Longmore is at some pains at the outset to point out in what a different sense we in England understand the term "ambulance," as compared with its proper significance on the continent of Europe. "An 'ambulance' on the continent never means anything else but a field hospital attached to an army, and moving with it—*hôpital ambulant*,—for the proper reception of its sick and wounded." The ambulance of the Quartier-Général is the field hospital at head-quarters—*les caissons d'ambulance, les voitures d'ambulance*, the store transport, and the sick transport carriages of a field hospital. In England, the term "ambulance" is very often applied to the conveyance itself by which the sick are carried, a sense in which it is never used by foreign writers. Thus, "the supply of ambulances," "ambulances for the conveyance of the sick," and so on.

Mr. Longmore has treated the whole subject in the most complete way. The transport system of every one of the great military powers is described at length in all its details; and the whole is illustrated by nearly two hundred woodcuts, in which every kind of litter, stretcher, wheeled carriage, and mode of transport is figured, from Baron Larrey's to a Bengal dhoolie, and the railway transport cars used in the United States in their late war, if—without offence to Mr. Sumner—we may venture to call it a "war."

Nor must we omit to notice the literary merits of the book. The subject is a dry one, but Mr. Longmore has contrived to make it interesting. For easy reference the book is excellent: it has a most complete Table of Contents, a good Index, and the marginal references are ample.

Government gives this costly publication for five shillings,—an act of liberality to the services. We only hope that the authorities have not been unmindful of the amount of skill and labour bestowed on the work by this distinguished public servant. In conclusion, we desire to offer Mr. Longmore our cordial thanks for this valuable contribution to military medical literature. We hope its publication will stimulate the authorities to be up and doing in the organisation of a transport service for the sick and wounded worthy of the British Army.

THE

SICK POOR OF PARIS.

By BLANCHARD JERROLD.

No. V.

THE NEW CENTRAL STORE.

THE immense range of buildings on the Boulevard de l'Hôpital, close to the Salpétrière (to be shortly vacated by the hosts of old women who now occupy it), is the central store-house of the Assistance Publique of Paris; the completion of which has enabled the order-loving authorities of the Seine to get the supplies for hospital, asylum, Bureau de Bienfaisance, and Maison de Secours under one authority, and in that methodical trim which makes the production of the smallest *tisane* vessel the affair of a moment. Not a baby's cap can stray hence, and not be missed. A handful of lentils—almost a haricot, white or red—would form the subject of an inquiry. We smile as we pace through these apple-pie regions, turned over, at the entrance to the broken bed-chair department, or the baby-

linen gallery, to a fresh functionary of sharp, military appearance; but the care and precision mean economy. It is affecting to pause, for instance, in the Hospital Broken Department; for the débris speaks of all the sad circumstances of many deaths. The old men's chairs, greased where the tired head has rested; the piles of severed arms and legs; the little bed-cupboards unhinged and splintered; the disjointed mechanical seats; and then the wonderful old clocks and broken ornaments which have been treasured by the poor owners,—have tales upon the surface of them, and they are all of misfortune. The mark of poverty deepens the mark of suffering upon all. It is upon the ancient sedan-chair in which hundreds of unfortunate wretches have been borne away to the Maison de Santé. Bedraggled feathers are here, and, the attendant tells, are very valuable articles: brilliants, for instance, may be seen amid the cast-off wear of the hospital or asylum poor. It happens in this way, I should remark. Say a man is carried to the hospital, and dies there. His personal belongings become the property of the Assistance Publique; and in this way even brilliants of price fall into the hands of those who collect the tatters of the sick wards. M. Husson is not exorbitant however. The relatives may reclaim the treasure found, on payment of the fees for the hospital treatment—which are low enough. The rule is to sell all this lumber of the dead by auction every three months.

But let us take a methodical stroll through the stores, ushered by the intelligent and courteous commissariat officer of the poor, who exchanges salutes with his fellow-officers, touching his kepi in true military style, and who is set apart by the Director to accompany us throughout our inspection.

We are first ushered into the textile fabric stores. They are disposed in blocks, lettered and numbered, something in the fashion of a Manchester warehouse. Blues and greys are the prevailing colours—for the old and for the young—for the Salpétrière crone's winter petticoat, and the frocks of the *enfants assistés*. That which charms the visitor is the exquisite order, neatness, and cleanliness. Here are the stacks of clothing for the *nouveaux-nés*. The dark pile is the trowsers cloth of the Assistance *palefreniers*. Amiens and Lille provide the bulk of the linen fabrics—the linen and sacking, from the finest to the toughest, with which strait waistcoats are made. The hospital sheets, pillow-cases, mattress-covers, &c., are all of carefully regulated quality. There is a special fabric for the *employé's* sheets and the surgeon's apron. The bandages for the patients are of the softest texture. Since 1860, all the fabrics in use in the establishments of the Paris Assistance have been distributed from these long galleries, in which they are kept in bulk. There are stacks of cottons (*Indiennes*)—browns, blues, and greens—neat and pleasant patterns for the young, making the wearer a less dismally marked-off individual than the child of charity is in England. There are mountains of woollen socks, bulky pieces of spotted linen for babies' caps, and snowy heaps of material for those ample head-gear which the good sisters of the hospital and the Maison de Secours wear. The old men's cloth is a deep-blue, and it is piled in vast stores of comfortable winter clothing, which is distributed to the Bureaux de Bienfaisance when the cold comes. The thick petticoats and children's clothing, the flannel waistcoats and jackets, are all beautifully finished, and of sound and solid material.

I should observe that the greatest care is taken by the authorities to secure the quality contracted for. A committee of eight or ten experts meets to pass each description of goods. The manufacturer has no notice of the day on which his consignment is to be examined; so that the most impartial opinion is secured. Not a wooden spoon is received without having undergone this test, and having been compared with the contract models (which are methodically distributed in a separate department for constant reference). All condemned things are removed to a house apart, which is near the test house, and which was pretty full of bales when I saw it.

The work of an immense woollen and linen department like this (along the central line of which trucks conveying stores to the openings to the court-yard are continually travelling), is a useful force, which the Assistance of Paris was not likely to neglect. The poor find work in making the clothing of the poor, either at home or in the asylums.

From the linen and woollen galleries, I passed to *salles* where the hardware and crockery of the hospitals and asylums are kept. These articles are so labeled and stacked upon stands that the superintendent can tell the number of *crachoirs* or night-lamps he has in store at any moment; and can satisfy a demand from any establishment without a moment's delay. The crockery and hardware governor was an exceedingly attentive and intelligent official; and went into the beauties and uses of all he had in store with zest. He touched on the excellently thoughtful contrivance of the *crachoir* which prevents the patient from seeing his expectoration; and the artfully contrived plates, which it is scarcely possible to break, without deliberation and a sledge-hammer. The *tisane* pots were, of course, in formidable numbers; as I anticipated, after having glanced along the line of vats in the *tisane* department of the Lariboisière. I passed in review stores of soup-tureens (for the messes of twelve of Bicêtre); little goblets and rounded spoons for the children of the *crèches*; pharmacy phials and glass of every description; brushes; the *vieillesse-hommes* tumblers, all marked with the initials "A. P."; oil cans, with an external regulator by which the amount left can be told (so that there is no occasion to open it from the time it leaves the store until it is returned empty); knives; ladles; pots; scales; coffee-grinders; pestle-and-mortars; the copper *marmite*, beloved of the French cook (who estimates the rank of a family by the number of them in their kitchen); milk vessels. Of these milk vessels I should say one word. They are ingeniously contrived. Say they are filled in the dairy establishment at Bicêtre, to be sent to the little ones at the immense nursery of the Enfants Assistés. When the vessel is filled, it is locked. It cannot be tampered with on the way; and only the director of the Enfants Assistés can open it. In this way quality and quantity are secured; and the pump plays no part in the Assistance dairies, beyond that of keeping the pails clean. The variety of articles is curious. Tubs, baskets, feather-brooms, gridirons; a light metal crate, contrived to lift patients and carry them; leg-rests, crutches of every size, mouse-traps, clothes-pegs, sandals for the vapour bath, the model hospital bed, rush-bottomed chairs! And beyond this miscellaneous store was the pattern room, in which there was a sealed sample of every article made for the store.

From the hospital and domestic articles, I was led to the food department. The store contained sacks of haricots, peas, rice, lentils, semolina, &c.,—all of the best quality, and approved by a tasting committee, in whose presence samples are cooked. The indifferent consignments are condemned, and the contractor is bound to replace them by an equivalent of good articles before he can remove the bad from the store. When he fails within a given time, the authorities buy at his expense to the extent of his deficiency. Before he can become a contractor, he must make a money deposit, to cover any risk by his *laches*. Over the stores of fabrics, and cockery, hardware, &c., are the long galleries

of made-up clothing, grouped in squares upon lofty stands, each square being that of an hospital or asylum, or a Bureau. The gallery of children's clothing is that by which the march of the visitor is opened. The place is airy and sweet; and, as the housewife says, "you might eat your dinner off" the polished floors. Packets of layettes for the Bureaux de Bienfaisance are in astonishing numbers. The attendant explains that each complete layette consists of twenty-seven articles. Another bundle (they are neat as confectioners' parcels) is for a child from seven to twelve months of age, and consists of fourteen articles. Then there are trouserings for the orphans who are scattered about the provinces, for growths ranging from one to eighteen years. The "toilette' of an orphan child of one year, of two, of three years; the "*trousseau*" of an orphan girl who has reached her eighteenth year,—all are folded in snowy linen of excellent quality.

The hospital linen and clothing fill the principal upper galleries. Here is the Lariboisière group; here that of La Charité; and here, again, the Lourcine. The sheets are of four qualities—namely, one for the Assistance *employés*, one for the sick, one for children, and one for the aged. The clothing is cut in the Magasin, and then worked by the poor at home, or by the women of the Salpétrière—even by the mad patients. So close and complete is the system that not a yard of linen nor a child's pinafore can be lost. The attendant said to me that, if woke up in the night, he could walk in the dark and put his hand upon any package from any of the hospital reserves that might be ordered. These hospital stores are the stock each hospital has in excess of its regulated supply. In each hospital, a stack, in the Lingerie, exactly resembling its reserve compartment in the Magasin Central, will be found. The attendant was thoroughly proud of his domain. Pausing before a very bulky reserve, he said: "See the St. Louis stock in reserve; all new sheets—all good, sound linen." And the fine flannels for newly-born infants, the solid grey blankets, the exquisitely white bundles of under linen, were a striking sight all along the gallery.

Beyond the hospital reserves were piles of hospital iron bedsteads, spring mattresses, and the light warm *édredons*, under which almost the poorest folk of Paris contrive to sleep in the winter; baths, &c. A separate building flanks the Magasin, between it and the Salpétrière. It is a very long, narrow room, and is to be in a few months the great central mending gallery of the hospitals of Paris. The Assistance, in addition, are putting up machinery for wool-carding.

The cutting-out department, and the depôt where articles condemned to figure at the quarterly sale are gathered, complete the Magasin Central, in every corner of which is to be seen the moral and pecuniary value of order.

THE OFFICERS' QUARTERS AT KNIGHTSBRIDGE BARRACKS.

IT is with great satisfaction that we are enabled to explain the cause of the disgusting smell which drove so many officers from their quarters in Knightsbridge Barracks, and threatened the whole establishment with fever. Some time back we reported that great pains had been taken by the engineers to remedy the evil. Drains were examined, and floors were taken up, but nothing was found. Since then ventilators have been inserted in every room, and the space beneath the floors has also been ventilated. About a month ago the 2nd Life Guards came to the barracks, and one of the officers, having experienced all the ill effects of sleeping in a foul atmosphere—viz., headache, foul tongue, great depression, &c.,—resolved to examine the walls. It was then found that there were in one case, at least, fourteen layers of paper, some of them of a most expensive kind. Between these layers of paper stinking paste, fungi, and even maggots had accumulated; whilst, the wall being hollow, the stench spread through the passages behind, and seriously increased the evil. It is somewhat curious, that although the true cause was suggested by an officer of engineers some months ago, no real attempt seems to have been made to verify his suggestion until the arrival of the present regiment. Even now the evil has not been remedied in many of the rooms, some of which, if shut up, are as bad as ever. A cart-load of stinking paper was removed from one room,—but, be it remarked, at the officers' own expense. We would respectfully suggest that the whole matter ought to be seriously taken in hand by the engineers now the cause is known, and that the officers who have cleansed their rooms from the accumulated filth of years should be reimbursed the expense they have incurred.

Foreign Gleanings.

CREASOTE IN TYPHOID FEVER.

It seems now settled that carbolic acid, and, in general, the results of the destructive distillation of wood or tar, shall be tried in all complaints. We are now doing, to a certain extent, what Raspail loudly advocated. He was a learned chemist, but did not belong to the profession, and conceived that animalcules were the cause of all maladies; hence he proposed a universal panacea in the shape of *camphor*. The working classes in France still swear by Raspail. Now we find Dr. Pécholier, of Montpelier, using creasote in typhoid fever. More than sixty patients were thus treated with apparent success, and the author considers that with creasote the contagious influence is lessened.

CONVERGING STRABISMUS; POST-MORTEM EXAMINATION.

Prof. Magni had an opportunity of examining the head of a man of sixty who had suffered from this kind of squinting. The paralysis of the external recti was owing to compression of the sixth nerve, on both sides, within the cavernous sinus, by the carotid artery, which was abnormally twisted upon itself. The globes of the eyes were, however, quite healthy.—*Schmidt's Jahrb.*, No. 6, 1868.

VIRULENT CORPUSCLES.

M. Chauveau, the indefatigable veterinary pathologist, has just placed before the Academy of Sciences of Paris a paper wherein he gives full details of the manipulations by which he succeeds in separating virulent corpuscles from the serum, or menstruum, in which they float. He succeeded in isolating such corpuscles from the pus of a pulmonary abscess affecting a horse suffering from glanders. The author transferred the corpuscles to distilled water, inoculated the latter to two animals, and they soon perished with glanders. It would be worth trying whether carbolic acid would not destroy the activity of the corpuscles.

A SOLID INJECTION IN GONORRHŒA.

M. Paillasson mentions in the "Montpelier Médical" (May, 1869) his method of curing gonorrhœa. The object of therapeutists has always been to keep the walls of the urethra asunder: Ricord attempted it with tents, Jacquemet and Mallez by introducing powders into the urethra. The author has proposed a syringe made of soft tin, so that it may be rolled upon itself by means of a sort of key, upon which it is made to wind. The substance used is a combination of starch and glycerine, which may be used alone or mixed with astringent substances. The syringe is graduated, and a very small quantity of the creamy injection is thrown in and kept for several hours. The author states that this method has been tried in sixty cases with much success.

TREATMENT OF TINEA TONSURANS.

Dr. Pietro Grilli has found Helmerich's ointment very efficacious in this affection. He states that he copied the practice from Prof. Bini, who discovered the efficacy of this sulphuro-alkaline ointment in destroying the tricophiton tonsurans, by using it in females who were suffering from the latter disease and itch.

THE LANCET.

LONDON: SATURDAY, MAY 15, 1869.

"MODERN MEDICINE" has got into the lay quarterlies and into the daily press. And we are glad of it. The days are gone by, let us hope for ever, for Medicine to be regarded as a mystery. The "art and mystery of the apothecary" lives only in the estimate of the vulgar and of the quackish, and Medicine is effective in proportion as it is simple, and commends itself to the approval of sensible people. The very fact that our leading quarterly journals devote an article to modern Medicine shows that Medicine is advancing, that the aims and methods of it admit of such a statement as shall be at once interesting and intelligible to educated people. We do not mean to encourage people to study their own diseases. This is an undertaking for which the acutest physician is unfitted as soon as he becomes a patient, and, except in regard to the most simple complaints, it is one in the pursuit of which most people will either do themselves harm or no good. What, however, we do advise people to study is health. Health is a difficult thing to define, but not so difficult to understand. Men, and women too, should be covetous of it, and should have clear ideas of what it consists in. They should wisely consider the habits and the things that, without causing disease, seem to abate their amount of health; by which we mean their amount of strength, of interest in what they have to do, in things outside of themselves and other persons. These things and habits will be found often very near at hand, and it will be easy to trace the relation of them to something short of the full degrees of health. Late hours, scanty sleep, bad arrangements of meals, little close bedrooms, errors in the use of stimulants either in the direction of excess or defect, too much work, or too much pleasure, are the kind of influences which determine the health of men and women and their children, and the study of which is within the intelligence of all sensible people.

But now let us say a few words about modern Medicine as it appears to us, prefacing our observations with the admission that our lay contemporaries have ably represented the chief features of it, and that they write in a spirit of respect to Medicine which can only gratify those who have to practise it. It seems to us that, despite the fact that leading Lords can be got to preside at the dinners of homœopathic hospitals, there is yet a steady growth of intelligence amongst educated people as to the ends of Medicine, and the limits within which it is proper and wise to interfere with disease. We shall not dwell on the patent facts that scientific medical men have been of late interfering with disease much less than our forefathers did, that we have been leaving it very much more to itself, and making, or repeating, the discovery that really it is not such a deadly thing after all as was imagined. In the philosophical words of Dr. ALISON, "The tendency of most diseases, both acute and chronic, to a spontaneous favourable termination has been so often and so distinctly observed, as to have suggested the doctrine of a *vis naturæ medicatrix*." The men who have most arrogantly or ignorantly disregarded, and sometimes denied, this tendency of disease, are the homœopaths, who have a "specific" for every disease, and who have done what little they could to perpetuate a blind ignorant belief in the powers of mere drugs. Your genuine globulist is still a believer in the "art and mystery of the apothecary;" and if he had his way we should get back into the slavish belief in mere physic which characterised the dark ages. Medicine proper uses medicine subordinately to a recognition of the great healing provisions of the system. Quack medicine thinks there is something in drugs that cures as distinguished from something in the system which is supposed to kill. Vulgar minds in physic think that the tendency of disease is to death; whereas, even in bad forms of disease, there is an attempt at something better, and in ordinary disease the decided tendency is in the direction of health. If scientific Medicine is open to the charge of having lately been too exclusively occupied in the study of mere disease, its nature and its manifestations—as perhaps it is,—it is able to reply that it has only been so with a view to understand what is wanted in, and what need there is for, remedial measures.

Having indicated the great distinction between the scientific spirit in Medicine and the quackish spirit, and having admitted the substantial accuracy of the representation of modern Medicine given in the *Quarterly*, we shall conclude with two observations. One may be taken in illustration of what our contemporary says—that we now treat the patient rather than the disease. We try to find out the character of our patient as a patient; in other words, we try to ascertain his diathesis and his temperament, and we study his particular ailment in the light of those. The diathetic relations of disease are most important, and give us the clue to some of our best treatment, both preservative and remedial. Modern doctors think less of acute disease than the old physicians did. We have discovered that this is not a very serious thing *per se*. Modern Medicine makes more of diathesis and degeneration of organs or tissues as determining the risk to life in any given attack. A shrewd physician, for example, would gauge the gravity of whooping-cough very differently in two cases,—in one of which the child is healthy, and in the other rachitic. Similarly, he would distinguish between the risk of pneumonia in a healthy man and pneumonia in a patient with Bright's disease or disease of the heart.

Our last remark is this: that though our remedies are less active or less perturbative than they used to be, they are not less efficient or numerous than they were. It is certain that drugs never did so much good and so little harm as they do now. The scepticism concerning the power of medicine is ill-timed in days when it admits of demonstration that the interval between fits of epilepsy may be extended to weeks instead of days, and months instead of weeks; that a large proportion of cases of tetanus have been remedially influenced by medicine; that the fatal tendency of phthisis, in a large number of cases, may be greatly diminished or practically overcome; that pain and

other neuroses are more effectually opposed than ever before;—in days when the treatment of rheumatic fever is so enlarged and improved that a physician who has seen exceptionally much of it can say, as he did in ourcolumns of the 1st of May, "in all my cases I have had only *one* instance of *original* heart-complication;" when the fatality of simple acute inflammations has been almost nullified; and, generally speaking, when medicine is a pleasure and a strength to the patient. We know that there is a fashion of scepticism abroad—a fatalistic acquiescence in the actual;—but this is no temper for a physician who has to do with actual conditions that are very objectionable, and who has medicines and measures within his resources which have accomplished the above results. We repeat that there is scientific proof of the most important powers in medicines which, coupled with clearer notions of the benignant tendencies of disease, make Medicine a more noble and a more hopeful profession than it has ever yet been in the history of the world.

THERE are few more curious phenomena in the history of civilisation than the effect that has been exercised by party politics on the subjects debated and legislated upon in Parliament. We all know, of course, the purposes that party government is supposed to serve; and we know also the benefits that have been obtained by means of it in former times, and especially in times when the rights and liberties of Englishmen were imperilled. At present, however, although a necessity for the sacrifice of personal opinions in order to present a united front to a common enemy can scarcely be said to exist, yet modern politicians, following the practices and fettered by the traditions of the past, are seriously hindered in their powers of dealing with the most urgent questions of the day. It is worth while, therefore, to consider the influence of party tactics upon law making, and upon the maintenance of good government and order; and to inquire whether, in the nineteenth century, the advantages or the disadvantages of this influence predominate.

The first evil that now results from government by political parties is the necessity that the chiefs of both sides should provide, for the rank and file, and through them for the public, an endless succession of party questions. Now the essence of a party question is, that it must be one on which men of conscience and honour can hold different views; or, in other words, that it must be of very doubtful nature, and, generally speaking, of little or no intrinsic importance. Questions which do not fulfil these conditions, in which to any intelligent man the right is conspicuously in one direction, or in which matters of consequence are involved, cannot be made available for party purposes; and hence they are almost or altogether set aside. Sanitary legislation is neglected, because nobody can hope to become a Secretary of State or a Prime Minister, by even the most earnest advocacy of the removal of restraints from the spread of typhoid fever. Education is neglected, because an avowed party of ignorance would be too small to be influential, or to succeed early to power; and, in like manner, a variety of questions of the gravest national concern are relegated to the domain of "nobody's business." In the meanwhile the selected party questions, whatever they may be, require to be carefully nursed by all who either hold, or aspire to hold, high office in the State. Such men are often possessed of very considerable abilities; and although they usually, we may presume, take the coming question on trust from their chiefs, yet, after considering and expressing all that can be said in favour of the party view, they first convince themselves by their own arguments, and then end by convincing a too credulous public. In this way we see matters of very small importance dragged into sudden prominence, talked about, magnified, inflated, and pressed upon the minds of all who read or hear, until the nation with one consent allows Parliament to waste a session in dealing with them. A modern statesman, of whatever party, bears no inconsiderable resemblance to those worthy persons who perambulate minor thoroughfares beneath a hugh cluster of pink and blue india-rubber balls, which they barter for the substantial bones and bottles of the juvenile inhabitants. Some such ball is perpetually being detached from the cluster, to be flourished in the face of the much-enduring British tax-payer; and it is touching to witness the gaping admiration, or the equally unreasoning hostility, with which rival professors of the art of logomachy succeed in inducing him to regard it. The ball may be a very good ball in its way—buoyant, brightly coloured, tense, and shapely. It may even be, and must certainly be said to be, an act of justice to some whom it concerns. But why should one insignificant act of justice, or, as others say, of injustice, monopolise the attention of the representatives of the people of England? Are there no patent and crying injustices to be redressed? Is not the incidence of rating an injustice? and, moreover, is it not an injustice that practically checks the progress of social reform? Is it not an injustice that the poor man, and, for the matter of that, the rich man too, should be robbed or poisoned in a very large proportion of his retail purchases? Is it not an injustice that speculative builders should be suffered to erect houses unfit for human habitation,—in which, however, thousands of people have no resource but to live? Is it not an injustice that twenty thousand people should die every year of typhoid fever?—and that six times that number should be "horribly sickened and endangered"? Is it not an injustice that our laws should be the mass of confusion and contradiction that they are? Is it not an injustice—an offence against the very nature of manhood—that so many grave crimes against the person should be punished with far less severity than even slight crimes against property? The list might be continued almost interminably, and yet might contain no evils that do not come home to every man's door, or that have not impressed themselves on every man's experience. The Medical Act, the Poor-law question, the management of hospitals and charities, the state of national education, the means of public locomotion, the administration of the army and navy, are topics of the class to which we refer. Our legislators pride themselves on having effected reductions in the national expenditure. What reductions might they not effect by attention to some of the matters we have indi-

cated! We do not hesitate to say that a comprehensive and well devised sanitary law, which should do away with the miserable farce of permissive Acts, and should enforce only those observances of the efficacy of which we possess absolute proof, would diminish the Poor-rates by one-half before the expiration of ten years. But, as we have said already, this is so certain and self-evident that no public man could venture to gainsay it. There would be clamorous opposition from small holders, and from many who now profit by the domestic discomfort and the frequent sickness of the labouring classes; but no statesman could make himself the mouthpiece of such sordid discontent. And as nothing is to be gained by opposing, so nothing is to be gained by promoting such legislation as this. As long as the people of England will submit to take their views of the duty of Parliament from professional politicians, so long shall we see useful and social legislation impeded by party conflicts. The remedy can only come from without, and can only be furnished by the electors insisting on the redress of the grievances they actually feel, instead of upon the redress of those that are created for them by others. We hope the time will come when Hodge will be made to understand that it is the office of Government to protect him from his neighbour's cesspool; to remove from him sources of disease that are now maintained because they are profitable to some of those who prey upon him, and generally to consider in legislation the means by which he may be helped to become a good and useful citizen.

IT will readily be conceived by our readers, that it has been only from a strong sense of public duty that we have on former occasions expressed our disapproval of the line of action which has been adopted in reference to a grave question affecting the public health, by a member of our profession so able, and in many ways influential, as Dr. LETHEBY undoubtedly is. By his reports, parliamentary evidence, and speeches, in which he has invariably maintained the immaculate purity of the supply of the London water companies against the accumulations of evidence to the contrary, he has done much to bring scientific testimony into discredit. He has now, with a strange perversity, chosen to anticipate the daily expected Report of the Royal Commission, which is to decide whether our present water-supply is sufficiently pure, or whether we must resort to other sources than sewage-receiving rivers for the supply of the future, by virtually asking the Metropolitan Association of Medical Officers of Health—in which body he represents the City of London—to assent to propositions tantamount to a declaration of the folly of making any change in the source of our water-supply. This course of action, as it concerns a matter *sub judice*, would have been of itself sufficiently open to objection; but it has been rendered tenfold more so, indeed utterly indefensible, by the introduction of personalities into the paper embodying his propositions, and by their repetition in a still more offensive form in his closing speech at the adjourned discussion of the 1st instant. We have no intention of taking up any of the dirt so liberally thrown at those who dared to entertain views different from those of Dr. LETHEBY; but we are bound in common justice to repeat the protest we have already made against the renewed attack upon the Registrar-General—an attack, by the way, little creditable to the Association which permitted it. No sane person will believe that either the Registrar-General or Dr. FARR is actuated, in the official publication of Dr. FRANKLAND'S Reports, by any consideration other than what they conceive to be best for the protection of the public,—who would be the only losers if Dr. LETHEBY had his way and the Reports were suppressed.

Into the scientific questions at issue between Dr. LETHEBY and Professor FRANKLAND we entered at sufficient length last week, with the object of showing, what is quite clear to us, that whatever may be the ultimate revelations of scientific discovery in regard to Professor FRANKLAND'S conclusions as to the evidence obtainable, by water analysis, of the nature and extent of previous contamination, Dr. LETHEBY'S merely negative assertions prove nothing whatever against them. Certain speakers during the discussion deprecated what they were pleased to regard as the speculations of chemistry in comparison with the "sound common sense" by which they preferred to be guided; but may we ask these gentlemen what kind of "sense" it is which accepts the fact that tons weight (we beg Dr. LETHEBY'S pardon—gallons) of sewage are thrown into the Thames at Oxford and other places, and then believes that at Teddington the river is absolutely free from sewage because Dr. LETHEBY cannot discover it by his test-tube? Can Dr. LETHEBY'S chemistry discover the essential virus of cow-pox in vaccine lymph? He would hardly assert that it does not exist although he cannot find it, for if he inserts the lymph in the arm of a child he will soon have proof positive. We take it that this illustration exactly conveys the idea upon which those who object to drink water into which human excreta have once passed found their objection to the waters of the Thames. Dr. LETHEBY'S theory of dilution and oxidation simply ignores the latest discoveries of science in reference to the specific matters which in the human body give rise to specific diseases. Dr. LETHEBY'S advocacy of the present metropolitan water-supply rests upon the assumption that human excreta, like a glass of alcohol, thrown into a river, become, after a run of a few miles, diluted, oxidised, and entirely dissipated. Dr. FARR'S objection to river water rests upon the elaborate and profound researches of HASSALL, THOMSON, BEALE, PARKES, PASTEUR, and PACINI, which go to show that the excreta of a person suffering from certain specific diseases contain the germs of that disease in an active form, which thrown into water are incapable of oxidation, capable of incredibly rapid multiplication, and are withal undiscoverable by any method of analysis as yet known to our chemists. That Dr. FRANKLAND, after careful research, should have advanced a step in the direction which may ultimately lead to the identification of these disease germs is, in our judgment, not likely to tell unfavourably for him in the eyes of a scientific profession such as our own, in a consideration of the points at issue between himself and his opponent. Nothing is more certain than that chemistry, like medicine, is a progressive science, and that we must be as fully prepared

for the development of new ideas in the domain of one as in that of the other.

ALTHOUGH the debate on pauperism on Monday evening was discursive, and useless for any immediate result, two or three points of great interest deserve attention. Dr. LUSH particularly described the insufficiency of the salaries of the Poor-law medical officers, and the advantages of the Irish dispensary system. Mr. GOSCHEN, whilst admitting that the Poor-law Board had formerly duly checked expenditure, said that the increase, which he called "enormous," was due entirely to the state of public opinion, which had insisted upon improving the condition of workhouse inmates. We accept the responsibility of this result, for we are sure the British public will not grudge the money necessary to remove the shameful scandals of workhouses which it was our duty to expose three years ago. If the moderate improvements we sought for, and which to a large extent have since been obtained, have made the workhouse sick wards more attractive to the poor, the remedy does not lie in restoring the ancient abuses, but in exercising a wiser discretion in the administration of out-door relief, in bringing personal visitation to the houses of the poor, and in confining the admission to workhouses to the really destitute. So long as any rascal can obtain admission to reasonable comforts on the plea of illness, and discharge himself without making any return for the benefits received, abuse is unavoidable. The executive ought therefore to have greater powers of control.

Medical Annotations.

"Ne quid nimis."

POISONING BY STRYCHNIA.

THE question whether strychnia can, after ingestion by the mother, be transmitted through the milk to the infant has lately arisen in a case reported to have occurred at Lynn. A woman, apparently in a state of delirium tremens, poisoned herself with strychnia, and when Dr. Lowe, the medical attendant of the family, arrived, she stated that she had poisoned both herself and her husband. She had just said this when she was herself thrown into a strong tetanic convulsion, but by the timely administration of remedies she recovered. The husband, however, succumbed. The child was found in its cradle strongly convulsed. The stomach-pump was at once used, but the child died. The contents of various parts of the body were sent to Dr. Letheby, who found strychnia in the stomach, and gave his opinion that the infant had died from its effects. Dr. Letheby proceeded to say that he did not think the child would absorb the poison through the breast of the mother. He had never heard of such a case, but it might be possible. It may be that the quantity found by Dr. Letheby was so large that it could not easily be considered to have been ingested with the milk; otherwise the probabilities appear to be rather in favour of the discharge of the poison with the lacteal secretion. For, in the first place, it is unquestionable that many vegetable sapid and odorous substances, as the flavour of onions and turnips, aniseed and absinthe, the colouring matters of madder and saffron, the purgative principles of rhubarb and gratiola, and the alkaloids of opium, are thus eliminated from the system; and secondly, although we cannot find, after considerable research, any instance in which strychnia has been actually shown to be discharged by the mammary gland, yet its powerful resistance to oxidising agencies, as shown by the capability of discovering it long after death, as well as its capability of dialysing through animal membranes, would certainly lead to the conclusion that, under favourable circumstances, such as were here present, the poison might have thus been conveyed to the child.

THE BRIGHTON EYE INFIRMARY.

AN important discussion has recently been carried on at this institution. Mr. Jardine Murray, with the unanimous support of his colleagues, proposed to the governors that the benefits of the infirmary should for the future be extended to out-patients without any letter of recommendation; such benefits to be conferred on the really indigent poor. Mr. Murray, in his speech, and his colleagues in supporting his proposal, showed clearly the manifold evils of the "letter" system. Cases were related (and doubtless many more might have been added to them) of precious time lost while the friends of a patient were going on a begging tour from house to house for a recommendation; and others in which letters had been given, even signed in blank, to very unfit recipients, and in one instance actually to the child of the subscriber. The governors resisted the proposed alteration on two grounds: partly for fear that the subscriptions would fall off if subscribers had no privileges; and partly from the cautious impulse that leads judicious people to pause before committing themselves to any radical change in an institution already prosperous. The result was that Mr. Murray's motion was withdrawn, but with the understanding that it will be brought forward again at no distant period.

The speakers at the meeting were all desirous of finding a precedent for the course suggested; and asked whether a similar change had been made before, not in London or Birmingham, but in a town of moderate population. To this question we are unable to reply; but we are acquainted with two eye infirmaries, in towns of moderate population, which have been free to out-patients from their commencement. We refer to Nottingham and Gloucester; and an experience of ten years at the former place, and of three years at the latter, has fully proved the wisdom of the course pursued. At neither place is the treatment wholly gratuitous, out-patients being charged a small sum as a contribution towards the cost of their medicines; and at Gloucester any subscriber has the power, from personal knowledge of the great poverty of the applicant, of giving free tickets or certificates, by which this charge is remitted. The same privilege is given to the actual employer of the patient, to any minister of religion, and to any medical practitioner, whether a subscriber or not; and every applicant receives advice and medicine free for one week. In this way no acute case is ever hindered by poverty; and infants with purulent ophthalmia are brought to the institution early enough to be cured. The payments of the patients add materially to the resources of the charity; and subscribers are found to exercise with discretion their right of issuing free tickets. In-patients pay a weekly sum for board; and this payment cannot be remitted by any ordinary subscriber, but only by the surgeons to the institution in cases of urgency, by subscribing boards of guardians, or by ministers of religion who transmit congregational collections. The plan is found to work extremely well. Urgent cases apply as soon as the need is felt, and are at once admitted by the surgeons. Cases not urgent—cases of cataract, for example—go back to their homes, and apply to those to whom they are known for a little help to go as

in-patients; and in this way is brought about a very desirable personal relation between the benevolent and the afflicted. The moderate subscription-list needed for the current expenses of the charity is raised with but little difficulty; and the system appears to be generally satisfactory to all concerned.

We would strongly advise the governors of the Brighton Eye Infirmary to listen to the advice of their surgeons. Those gentlemen have necessarily a great interest in the institution, and they have also a practical knowledge of its weaknesses and its requirements. In the interests of caution, and in order to accustom the public to the change, could it not be made tentatively, and for a definite period? If it were tried for one year, there would then be ample materials for judging correctly of its effects.

A RELIC OF OLD TIMES.

THERE died in Brussels on the 1st of this month an old member of our profession whose life carries us back to a long-past and momentous period in England's history. Dr. John Perkins was born in this country in the year 1795, and, having spent a portion of his youth in Germany, he settled in Brussels, and was practising in that city when Waterloo was fought. After the battle he went to St. Petersburg with the Prince of Orange, who had been wounded in the action. He settled again at Brussels, where he spent his life, with the exception of some years passed in Italy. He was an expert linguist—the English, French, German, Italian, and Flemish tongues being equally familiar to him. Skilled and deeply read in his own profession, he did not limit himself to its study, but took a very active part in politics; his extremely advanced liberal views, which he never deigned to conceal, seriously interfering at times with his professional success. His noble frankness of character, unusually cultivated intellect, wide and generous sympathy with humanity suffering under any form of physical or political distress, were attributes which made Dr. Perkins known and beloved in a very extensive circle; and Brussels will not soon forget her respected citizen, the "old English physician."

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

AT the meeting on Tuesday last, a paper by Dr. Hermann Weber, on the treatment of phthisis by residence in elevated localities, formed the subject of the evening, and contained many suggestions and statements of extreme importance. Unfortunately, however, it led to scarcely any discussion. The paper itself was not concluded until half-past nine; and nearly the whole of the remaining half hour was occupied by a single speaker; one for whom so much respect is entertained that the Fellows forebore from audible interruption. We cannot but think that it would be agreeable to the Society, when only a little time remains for the discussion of an important paper, if the President were to commence by fixing a limit which no speaker should exceed. It is found that this plan answers well at the meetings of the Social Science Association; and five minutes is a period that would be sufficient for most persons. It is not the object of a medical society to exhaust any subject in extempore debate, but to obtain from those present the records of their experience, and the suggestions that arise in their minds.

The cases brought forward by Dr. Weber were not numerous, and only one of them was read. But their general tendency is to render it probable that residence at a certain elevation may arrest and even cure phthisis; while there appears to be some difficulty in obtaining the necessary accommodation for invalids at points that fulfil the other required conditions. Places in Switzerland and on the Cordilleras were mentioned by Dr. Weber; and the high table-lands of South Africa by Dr. Symes Thompson. We would suggest to those who may desire to make trial of the plan, that few places can be better adapted for it than the city of Erzeroum, in Asia Minor. It is situated on a level plain, at an altitude of 6114 feet above the sea, and contains a native population of about 50,000, so that houses and provisions would be easily procurable. It stands on the direct caravan route from Trebizond, on the shores of the Black Sea, to Persia, *vid* Tabreez; and is usually made a four days' journey from Trebizond, travellers halting for the nights at khans on the way. There is an English consul at Erzeroum; and, excepting firewood, the necessaries of life would seem fabulously cheap to English people; while the manners and customs of the inhabitants, and the opportunities of visiting Persia, and the various inland cities of Asia Minor, such as Kars, Sivas, and Diarbekir, would render it a place of sojourn full of interest for any one having a turn for adventure, and not too far stricken down by disease.

IN THE HANGMAN'S HANDS.

THE Town Council of Brighton would only be acting with their usual wisdom and consistency if they were to adopt the recommendation of Mr. Ashdown "to consign THE LANCET to the hands of the common hangman to be burned." This gentleman would, no doubt, render substantial service to humanity at large, and to the Brighton Town Council in particular, by the course proposed. We shall offer every facility by supplying a copy of the journal, and assisting at the conflagration. We venture to think that the bonfire in question, if made upon the Brighton beach, would only serve to hasten the disinfecting process there required. The Town Council of Brighton seem utterly unable to understand the importance of the drainage question as regards the present and future interests of the town; and such being so, it is scarcely likely that they should form any conception of the duty which this journal owes both to the profession whose views it represents, and to the invalid public who depend upon its warnings and advice. The fear of the public hangman will not deter us from the course we have hitherto thought proper to pursue; and we feel confident that our past services to the public will be a sufficient guarantee of the purity of our motives, and an ample protection against the threats of men too dull to perceive the direction in which their interests lie.

HAS SCURVY DIMINISHED OR NOT?

WE are informed by Mr. Harry Leach, in reply to this query, which appeared in the *Pall Mall Gazette* some few days ago, that very few cases of scurvy have been received on board the *Dreadnought* Hospital Ship during the current year—fewer, indeed, than have been admitted into that institution in the corresponding months of any previous years. No statistics have as yet been collected as to this question from the port hospitals of the United Kingdom; and it will be manifestly impossible to draw any precise conclusions with respect to the benefits derived from the operation of the Merchant Shipping Act of 1867 until the close of the present year. Our contemporary above-quoted records a report that less lime- and lemon-juice is consumed than formerly, though the daily ration is now twice the quantity prescribed under the old Act. It is asserted, as a reason, that no clarifying process is adopted before the juice is mixed and bottled; and much of it has, in consequence, a thick and unpleasant appearance. But it must

be remembered that, according to the authorised directions printed in "The Ship Captain's Medical Guide," every pint of juice is to be mixed with 12 pints of water and 20 oz. of sugar before it is served to the men; so that the peculiarity animadverted upon is really of no practical consequence whatever. We are, moreover, enabled to state that the juice, as prepared under the inspection of the Board of Trade, returns from a long voyage in remarkably good condition. Under these circumstances the Board would be scarcely justified in increasing the cost of this article to the shipowner by forcing the vendor to adopt any process of clarification. The Admiralty authorities now accept nothing but West India lime-juice, which, according to their new regulations, must be delivered and bottled in a bright and clear condition. But the Merchant Shipping Act of 1867 permits lemon- as well as lime-juice to be carried on board merchant ships, because it was rightly conjectured that, until some time had elapsed after the passing of the Act, a sufficient supply of the latter would not be obtainable. Lime-juice can be clarified more easily than home-pressed lemon-juice; and, at all events, until the former is generally used in the merchant service, we see no reason why the Government should add to the working directions already in force one that savours of unnecessary refinement at the expense of economy.

THE IRISH CHURCH SURPLUS.

IN the discussion in the House of Commons on Clause 59 of the Irish Church Bill, Mr. Gladstone said that the clause must be taken only as an exposition of the principles by which the Government would be guided, and that further legislation would be necessary with regard to details—such as the particular institutions that would receive aid, and the manner in which that aid would be given. The right honourable gentleman further said that he inclined to the proposal that the grant should be apportioned on the system adopted for making grants for educational purposes, through the Privy Council, so as to make them a means of drawing forth voluntary charity, instead of extinguishing it. He heartily concurred in the remark that it was expedient to keep alive local action, and this end he hoped would be kept in view. As to the expression of a hope that the clause would be so framed as to include incurables, the Government was satisfied that it already did so. Mr. Blake, who had an amendment on the paper to include eye hospitals for the poor, was proceeding to argue in its support, when Mr. Gladstone said there would be no objection to meet the views of the hon. member.

We cannot refrain from expressing a hope that the surplus may be used in such a way as to try in Ireland the practical effect of some of the suggestions for hospital reform lately made in our columns. The Government will have ample power to afford State aid to hospitals in conjunction with voluntary effort, and to insist upon the fulfilment of certain requirements as the conditions on which aid could be given. But the organisation of hospitals is a matter in which we are excelled by our brethren across St. George's Channel, among whom the evils under which we suffer are either absent or greatly mitigated.

CHOLERA AND INLAND QUARANTINE.

AN official Report, by Dr. David B. Smith, the Sanitary Commissioner for Bengal, has just been issued, which will possess interest for those studying the conditions affecting the origin and progress of epidemic cholera in India. The Report is very elaborate, and details the observations made on a pilgrimage to Juggernauth in 1868, with the narrative of a tour through Orissa, a sanitary survey of Porea, and remarks regarding cholera and inland quarantine in their relation to pilgrimage, &c. Under the last-named head, the author comments on and criticises the Report of the International Sanitary Conference. Dr. Smith holds very strongly that cholera is non-contagious, and he advances a great many arguments in favour of his position. We have not the space to afford even a short analysis of his Report, which, as we have said, is very elaborate; but we may extract his opinion regarding the development of cholera at Hurdwar in 1867. It was, he conceives, generated by a peculiar combination of climatic conditions,—solar heat, ground moisture, more than usually wide range of temperature, massing of human beings, and unavoidable defilement of locality, which, in spite of all the admirably planned arrangements that had been made, of necessity produced cholera. The peculiar conditions of the air, but more particularly of the ground (as regards subsoil moisture, which is an ever-varying element) had, he believes, more to do with the appearance of the disease on that occasion than anything else. It is this subsoil moisture, with great heat, low levels, and alluvial soil, contaminated with the products of decomposition, that characterises the "home of cholera." He thinks it probable that when the atmospheric heat and telluric moisture bear a certain definite relation to each other, and when peculiar electrical states exist, cholera comes forth. We pause here to remark that this view, if correct, rests at present on a supposititious foundation. However, this explains its dependence on season, according to Dr. Smith, who is inclined to believe that, if we could remove *one* of the *essential* factors in the production of cholera (such as a particular degree of subsoil moisture at a certain low level), we should be more nearly able to disarm the disease of its power than by any other method. Lower Bengal, the endemic field and home of cholera, is, to a certain degree, of necessity always a swamp. Without its being so, the staple of the country, rice, could not be grown.

Dr. Smith is strongly of opinion that all cholera camps should not only be selected on as high levels as possible, but that the sites should be subjected to thorough subsoil drainage, so as to get rid to the utmost of the dangerous element of ground moisture. Pettenkofer's views on the subject, he is inclined to think, carry us far on the way to an ultimate knowledge of the present mystery regarding the generation of cholera.

Dr. Smith, from the views which he entertains of the disease, is, of course, led to think very little of the powers of quarantine, which he holds, besides, to be impracticable. The Report, notwithstanding a certain diffuseness of style, is an able one from that point of view of which Dr. Sutherland is the most prominent advocate in this country.

THE CHAIR OF PUBLIC HEALTH AT UNIVERSITY COLLEGE.

THE Council of University College has done very well in instituting a Chair of Hygiene, but has done very badly in appointing a young and untried man as its first occupant. This is just the error which it was important to avoid, and it is an example which, it is to be hoped, other schools will not follow; for already there is a wide-spread notion that a deep gulf lies between the subjects of "public health" and "public disease," and that the business of the medical profession proper is with the latter alone, the former being left to "sanitarians." The Council of University College had it in their power to correct such erroneous ideas by the election of some physician (and there were several such among the candidates), who had shown that advanced knowledge and experience in the subject of

public hygiene was quite compatible with high distinction in medical practice. In the course of a few years the gentleman appointed will, no doubt, be able to bring to bear upon the subject of his lectures that practical experience which is at least as much required in this as in any other branch of medicine. Meantime, however, the teaching must to a certain extent suffer from the fact that the teacher, like his pupils, has, in this respect, to begin the study of his work *ab initio*. But, what is of still more consequence, the subject itself must cease to have very strong claims upon the attention of those who are led to believe, from this appointment, that it is insignificant enough to be successfully acquired in the ordinary routine of a College life, without the opportunity of practical observation.

THE MEDICAL ACT OF ONTARIO.

OUR readers will remember our strictures upon the clauses of this Act which admitted homœopaths into the Medical Council of the province. We are glad that the representatives of scientific medicine in the capital of the new dominion have formally expressed their disapprobation of this feature of the Act. At a meeting of the medical practitioners of Ottawa, held in the City Hall, on the 21st of April, Dr. Van Courtland in the chair, the following resolutions were adopted:—

1. Moved by Dr. Leggo, seconded by Dr. Garvey,

"That in the opinion of this meeting the Medical Act of 1865, as well as the Amended Medical Act, entirely fail to afford any protection to the profession, or guarantee to the public that their interests will be secured."

2. Moved by Dr. Henry, seconded by Dr. Sweetland,

"That in the opinion of this meeting a petition should be presented to the Ontario Legislature to secure the repeal of the clauses appended to the 8th section of the Amended Medical Act."

GRATUITOUS MEDICAL ADVICE.

The Times has returned to the subject of the abuse of so-called medical charity in London, and appears determined to keep it before the public until some attempt at reform is fairly set on foot. In a leading article on the 10th inst., we are told—

"It is not pleasant to find that half our people, even in this wealthy and thriving metropolis, are what we must take the liberty to call beggars, and rather unconscionable beggars. It is not pleasant to find that people living in good houses, receiving fair wages, enjoying many comforts and luxuries, dressing well, taking holidays and outings, indulging in free opinions, and hoping to rise in the world, are not ready to pay for the necessaries of life—as medicines certainly are—if they can get them for nothing. It is not pleasant to find them thinking nothing of the injustice done to the public and particularly to the medical profession. It is not pleasant to find the medical profession itself subject at once to a colossal injustice in an exceedingly inadequate payment at a pauper scale, and to a vast mass of monopolies in the form of official and privileged positions."

The writer then proceeds to point out, very justly, that one great cause of the evil is—

"The disparity between the ordinary wages of industry and the ordinary scale of medical payment. A working man who in health earns half-a-crown a day falls into ill-health, or has sickness in his house. Immediately, a couple of visits a week—not enough, perhaps—and the medicines, for which he has to send a long way, amount to more than the weekly wages which he is now not receiving. An illness of two or three months compels him to incur debts for his household expenses, and run up a doctor's bill of ten or twelve pounds. The result is that about half the people of this metropolis receive medicine and attendance for no consideration whatever—no payment, no right, and no sacrifice, except that of time, independence, and self-respect, or the mere profession of poverty."

In conclusion:

"Perhaps it is an advantage to this matter that it has nothing to do with either politics or religion, that it is not a question of taste, and that the people to whom any appeal must be made are not aristocrats, or other folks of the old world, but the working classes themselves. If anybody is to be argued with, anybody to be scolded, anybody to be hung up with an opprobrious epithet in the House of Commons, it must be the man who, with money to spare for needless luxuries, will not pay a fair equivalent for the valuable services of an educated gentleman, and for medicines which are the result of careful study, elaborate processes, and long professional experience. A mysterious disorder suddenly strikes down a man in his strength, a woman in the midst of her family, a child in its crib, or perhaps a whole family. A medical man comes, perhaps from a distance, perhaps from his few hours of rest, and, in a few days, by means utterly beyond the reach and the intelligence of the sufferers, restores them to health and strength. If anybody deserves to be well paid, he does; and if anybody is under a sacred obligation to express his thankfulness by such sacrifices as lie within his power, it is the convalescent. The doctor restores him to his wife and children, or his wife and children to him. He ought to pay something. He knows that either somebody pays for him or his benefactor is unpaid. If the working classes are to remain under the idea that this is the duty of the State, and that they are under no personal obligation, that is a theory of British society very different from those which now obtain and are reasoned upon. Can it be said, for example, that a man is really fit to give a vote for the choice of proper men and measures in the government of his country, when he will not save a few shillings to reward a man who saves his life? Of course, this brings us round to the question whether he can. Of course he can by curtailing some superfluous comforts or luxuries, whichever they be called. We shall be told this is hard. But the question is one of morality, which may excuse hardness. It is better to be an honest man than to drink enough beer and smoke enough tobacco, even supposing them necessary. It must be supposed that many more than half the people of this metropolis can pay for doctors and medicines. Why don't they? Whose fault is it they don't? Is there no way to make even poverty honourable and grateful, and to give it that comfort of a good conscience which it can hardly be allowed at present? As we have suggested, this is not a matter to make leagues or parties upon, or to dissolve Parliaments upon, or to divide realm against realm, or House against House. *It would not be easy to make it the topic of the session, or to get a week's debate out of it, or even a three hours' speech*; but, nevertheless, it is a matter well worth the consideration of a man jealous for the honour of his country that more than half his fellow-citizens in the metropolis should preserve their health and strength by more honest means than by cheating overworked doctors, besieging hospital doors, and crowding workhouse infirmaries."

We need not point out that the words we have italicised fully bear out our remarks elsewhere, and show how much a great national question has come to be underestimated by the public. We trust the day is not far distant in which these words could not be written; and when it will be universally conceded that the honesty and independence of the working classes are matters worthy of all the attention that statesmen and Parliament can bestow upon them.

THE SANITARY STATE OF DORKING.

THE inhabitants of Dorking would appear to be really bestirring themselves concerning the insanitary state of the town. At a recent meeting of the Vestry Mr. Simon's letter was again read; and the report of a Committee, appointed at a previous meeting to consider it, was adopted. The Committee accepts Mr. Simon's strictures, and states that a Bill is now before the House of Lords which would enable a good supply of water to be delivered to Dorking, the service being constant. This supply, it is said, would prevent the necessity of using water from wells liable to

contamination from cesspools and sewers. It is proposed to distribute the water from a reservoir situated in the highest part of the locality. Again, measures are to be taken to obtain the application of the Local Government Act to the town, a petition in favour thereof having been signed by 150 ratepayers.

An episode of the meeting was an attack upon THE LANCET by one of the speakers. Admitting that the state of the town was by no means what it ought to be, he accused us of giving, in a recent article, an exaggerated impression as to that condition. Our data were derived from reports of public meetings which have from time to time appeared in the local journals. These reports betokened no little insensitiveness on the part of the inhabitants as to the significance of certain facts which were referred to as showing the sanitary condition of the town. It is not surprising that outsiders should have been more acutely impressed, particularly those who, like ourselves, have been accustomed to look upon Dorking as a charming summer and autumn resort. If the town, however, gets rid of its hidden filth and dubious wells and springs, we shall be content to have our comments looked upon much as a patient regards a nauseous draught of senna. He objects to the taste, but swallows the physic to his benefit nevertheless.

THE ROUGH AND READY METHOD.

Two more instances of mistaken diagnosis of drunkenness have occurred within the last few days. At Blackburn, an old man was locked up by the police as "drunk and incapable" till such time as a medical man, who was called in, pronounced him to be suffering from cerebral hæmorrhage, of which he shortly afterwards died. A post-mortem examination showed a fracture of the skull, which must have been incurred a fortnight previously, with a large clot of blood pressing upon the brain. Dr. Martland was of opinion that the man's symptoms arose from compression of the brain, and not from drunkenness. He remarked that it was very difficult, even for a medical man, to detect the difference between such a case and that of a man who was "dead drunk." In the other case, Mr. Bedford held an inquest at King's College Hospital upon a literary man who had been taken by a policeman to the Bow-street Station, being supposed to be drunk. The divisional surgeon, however, found him insensible from apoplexy, and sent him to the hospital. The coroner pointed out that deceased ought to have been taken to an hospital in the first instance. The police, he very properly said, should be sure about the state of a person, and should never assume that because a man was pale and helpless he was drunk. We would go even further than this, and remark that, apart from such instances as the above, it should be remembered that a case of "mere drunkenness" is really one of dangerous narcotic poisoning, which may require much more delicate treatment than can be looked for at the hands of A 1.

DR. RICHARDSON AND THE GREAT INDUCTION COIL.

ON Tuesday last, by the courtesy of the directors of the Polytechnic, Dr. Richardson was enabled to invite a large number of practitioners to witness some physiological experiments with the great coil. Dr. Richardson addressed himself to the examination of the effects produced upon the living animal body by lightning. He first showed that the "flaming spark," the discharge of the first order, was not fatal to life, and not even very dangerous, although its flaming element burnt the feathers of the pigeons subjected to it. The discharge by means of an ordinary vibrating contact-breaker produced complete temporary anæsthesia and immobility of the voluntary muscles, but left the muscles of organic life unaffected, and the animals recovered after the lapse of an hour or two. The discharge of a Leyden battery of forty square feet of surface, charged by three or four contacts of the break, was almost immediately fatal. The lecturer then showed that death so produced rather accelerated and intensified *rigor mortis*, and that the generally received notion to the contrary was without foundation. He showed also that the blood underwent natural coagulation; and thus dissipated for ever two erroneous beliefs that have been very widely diffused. It is proper to mention that the animals used for the experiments were narcotised by bichloride of methylene.

VACCINATION IN WESTMINSTER.

A LETTER in our last issue called attention to the plurality of vaccination appointments held by Dr. W. E. Grindley Pearse, of Marsham-street, Westminster. We learn from a circular of Dr. Pearse's which has been forwarded to us, that that gentleman was a candidate for the appointment of public vaccinator in the St. John's district only at the date of its publication (March 20th); and we believe that the medical men in the adjoining district of St. Margaret's were quite unaware of his intention to endeavour to unite the two appointments. The circular to which we have referred is by no means in the best taste; and in it Dr. Pearse informs the vestrymen that "my residence is the same as occupied by my late father and grandfather, the business being established by the latter gentleman in 1798. I have myself been a great worker, professionally, in the parish, supporting a family, and have spent a lifetime in the cause of vaccination. Should I not succeed in my reappointment, I shall lose about £60 a year, besides introduction medically to business."

It is, we think, incumbent on Dr. Pearse to explain how he not merely "succeeded in his reappointment," but contrived to obtain another similar appointment.

THE MIDDLESEX HOSPITAL.

THE new "Home for Nursing" in connexion with this hospital was opened on the 13th inst. by H.R.H. the Princess Mary of Teck. A choral service was held in the Boardroom, and an anthem (composed for the occasion by Mr. Barnby) was sung by the choir of St. Andrew's Church, Wells-street. A procession then having been formed, her Royal Highness proceeded to the new building through the entrance which has been constructed on the ground-floor of of the hospital, afterwards visiting several of the wards. The ceremony, which was of a very simple description, was mainly interesting on account of the nature and objects of the institution which it inaugurated.

The old houses in Norfolk-street have been transformed with extreme rapidity into an elegant and commodious building capable of accommodating from fifty to sixty nurses. On the basement are contained a kitchen, with refectory adjacent, larder, sculleries, &c. The kitchen fireplace seems to be a model of economical ingenuity, being nearly three feet wide by only six inches deep, and faced by a dozen very thick iron bars, in which heat will be conveniently stored up. The sleeping arrangements of the four floors are devised with a view to the comfort and self-respect of the nurses, each person being provided with a small sleeping-room, containing an iron bedstead, washing apparatus, closet and drawer for clothes, &c. On each floor is a bath-room and watercloset. With such regard for their health and comfort, it may be anticipated that an unusually high class of women will accept service as nurses; and that

the interests of the hospital will be advanced, and the public generally benefited, by the introduction of respectable nurses, for whom this home is designed to act as a training school. The movement is an important one, and deserves every encouragement.

CHARGES OF ASSAULT AGAINST MEDICAL PRACTITIONERS.

ALL the care in the world will not always protect medical men from charges of this kind. Fortunately there is a growing tendency to disbelieve them. The last one in point—that against Dr. Asher Windsor Berry, at the Wandsworth Police Court—was entirely harmless, by reason of its extreme improbability. The magistrate dismissed the summons on hearing the evidence of the prosecutrix and her mistress, and declined expressing an opinion on the unfounded character of the charge, because it would be an insult to Dr. Berry to do so. The absurd story of the girl was to the effect that, having taken repeated doses of gin-and-water, gone to bed, and gone fast asleep, she afterwards found the doctor in her bed. Her bed-room was next to that of her mistress's daughter. She never called out, and did not know why she did not. She was in the family way. We are glad that Dr. Berry's attorney made application for a summons against the complainant for perjury. Charges of this kind must needs come against medical practitioners; but they are of a most wicked and criminal character, and cannot be too severely punished.

ASSUMPTION OF FALSE TITLES BY QUALIFIED MEN.

A GREAT many complaints reach us of the use of titles not in accordance with the qualifications of those using them. Sometimes the complainant is an official of the College whose higher titles are illegally appropriated by those holding its lower qualifications: as when a M.B. of London uses the title of Doctor; or as when a gentleman who has passed only the first examination for the M.B. of London proceeds straightway to use the title of the man who has passed the final examination. Sometimes the complaint is that an apothecary assumes the title of Surgeon, or that a licentiate of a College of Physicians uses the title of Doctor. The Medical Act, to say nothing of the special laws of the various colleges and corporations, restricts a man's titles according to the qualification he enjoys. Over and above that Act and those bye-laws, there is that great unwritten law which should guide men to an honest and unvarnished representation of their exact qualifications, and which should have complete control over medical men.

THE TREATMENT OF PAUPER CHILDREN.

THE Poor-law Board has recently given its sanction to two new experiments as to the treatment of pauper children, which we conceive as likely to supersede eventually the present cumbrous, expensive, and not altogether satisfactory machinery of pauper and district schools. It has given permission and encouragement to the guardians of the Evesham Union to board out their orphans in the cottages of the better class of labourers at 3s. per week, and with certain allowances for clothes and education. The Poor-law Board is right in insisting upon a thorough system of efficient supervision; and we believe this will be best obtained by inviting the unpaid interest of educated ladies, who are in fact the only persons qualified for this difficult, though necessary, work. The children should also be regularly visited by the relieving officer, and placed under the care of the district medical officers. With such safeguards, we believe the plan will prove as successful here as it has been already in Scotland and Ireland.

The Poor-law Board has also sanctioned payment to be made from the rates for the emigration of six pauper female orphans from the Wolverhampton Workhouse. We congratulate Miss Rye, whose efforts in behalf of emigration are so well known, upon this official recognition of her labours. The emigration of young females is most legitimate, and will, we predict, be most important and successful in future times. The children will obtain in Canada what no State schools can by any possibility supply—a real foster parent. This relationship is only possible between individuals; and the kindly Canadian farmer, with his simple habits and industrious wife, will give a welcome to these poor orphans which will outweigh the advantages of the most expensive education in a district school. The future of these young orphans will be the future of the women of Canada. On these accounts we heartily commend the scheme to the consideration of other guardians of the poor.

THE MORTALITY OF GLASGOW.

A VERY able and interesting Report upon the health of Glasgow for the first quarter of this year has been prepared by Dr. Gairdner, from which it appears that, while the country generally has been experiencing a mortality below the average, there has been a very alarming increase in the rate of mortality throughout Glasgow, especially in the month of March, and that this mortality fell most severely upon the poor districts of the town, and upon young children below five years, and particularly upon those below one year of age. Dr. Gairdner compares the mortality of this quarter with that of the year 1868, which was an average mortality taking the whole year. The facts adduced are so serious, and withal so interesting, that we give them in some detail:—

"In 1868, the deaths at all ages during the months of January, February, and March, numbered 3528; whereas, in the same period of the present year, they amounted to 4613, being an increase of 1085, or nearly 31 per cent. The deaths of children under five years of age during the same periods of the two years were 1677 and 2332, being an increase of 655, or about 39 per cent. Taking separately the deaths occurring during the month of March, 1869, the increase is more remarkable, being, in persons of all ages, 48 per cent., and in children under five years 57 per cent. It further appears that, while during January and February the excess of mortality fell chiefly on children from two to five years of age, in the fatal month of March it was children of a still more tender age who were the sufferers. The deaths of children under one year in March of the present year show an increase over those in the same month last year of 56·6 per cent.; those of children between one and two years, an increase of no less than 71·1 per cent.; and those of children between three and five years, of 43·5 per cent. Proceeding then to an analysis of the pathological causes of the increased mortality, Dr. Gairdner confines his attention to the fatal month of March. He points out that among zymotic diseases the most decided increase occurred in measles and typhus, the respective figures in measles in March 1868 and 1869 being 24 against 71, and in typhus 41 against 85. In tubercular diseases the present year presents a decided increase, the excess of deaths being principally owing to pulmonary consumption, of which 232 fatal cases occurred last March, as compared with 189 in the corresponding month of the preceding year. Among nervous diseases the peculiarity presents itself, that only in the forms incident to childhood is there any perceptible increase. It is among the diseases of the respiratory organs, however, that we find chiefly the explanation of the inordinate mortality of the month. In March, 1868, there were only 218 deaths from diseases of that group, against 504 in March last, besides which there was, as we before stated, a very large increase in deaths from pulmonary consumption, which, although classed among tubercular diseases, is also

a disease of the respiratory organs. In this group we find in March last an increase of no less than 130 per cent. over the deaths in March, 1868; and this increase, although distributed more or less over all ages, is again chiefly confined to the young; for, taking the acute diseases of the chest as in excess, we find the increase in children one to five years old to have been 182 per cent., while in other ages it only amounted to 66 per cent. In the principal infantile diseases of the digestive organs, on the other hand, we find a decided decrease."

Dr. Gairdner admits that it is natural to associate this mortality with the cold north and east winds, but he points out that Edinburgh and Aberdeen, both far more exposed than Glasgow to these, have not suffered nearly so much mortality from pulmonary causes. So he infers that these winds in Glasgow operate with greater intensity on a physically inferior population, and carry air loaded with noxious vapours into the central parts of the town. We have no doubt at all that Dr. Gairdner is right in attributing this high mortality of Glasgow principally to social and domestic conditions. He complains that the sanitary officers are not consulted by the authorities, and that no attempt is being made to supply the great want of proper houses for the poor. Demolition is so far in advance of construction that the evils of overcrowding are rather aggravated up to this point by the action of the authorities. The mortality is very serious, and it will be strange indeed if the very lucid statement of Dr. Gairdner does not cause his conclusions to be respected. There can be no doubt of the truth of them, and if Glasgow is not to be regarded as a most objectionable place of residence, they will have to be acted on. With 400 or 500 cases of typhus in the month at Glasgow, it is a little odd that the authorities should think it *infra dig.* to take advice of their very able medical adviser and the Sanitary Committee.

AN UNTIMELY FATE.

WE regret extremely to hear that University College has sustained a great loss in the sudden death of one of its most promising *élèves*, Mr. James Stanton Cluff, who was unfortunately drowned last week whilst bathing near Belfast, his native city. Mr. Cluff's career as a student at University College was eminently successful; and as a teacher of anatomy he had gained great reputation, of which a testimonial presented to him by the students in 1867 was the best evidence. At the first M.B. examination of the University of London in 1866 Mr. Cluff took all the exhibitions open to him in that examination, and it was confidently expected that he would have been equally successful at the second M.B. examination this year. By the successive deaths of Mr. Alexander Bruce and Mr. Cluff, their school has lost two names which were thought likely to appear in after-years among the professors of University College, and the profession two members who would have done much to increase its scientific reputation.

A REPORT had spread in the scientific circles of Paris that Professor Virchow was about to resign his chair of Pathological Anatomy at the University of Berlin, in order to open a special school of his own; but the Professor has written to the editor of *La Revue des Cours Scientifiques* to deny this assertion. The celebrated Berlin investigator retains his chair at the University; and, in order to devote a larger portion of his time to his favourite pursuits, has renounced the privilege which was offered him of a seat in the North German Parliament.

CHOLERA is reported to have occurred in the 58th Regt. at Allahabad, and, together with small-pox, at Jubbulpore. The 58th lost sixteen men and two women up to April 5th. The regiment was recently at Darjeeling.

THE famous Riberi prize, to the amount of 20,000 liberi (£800), will be distributed for the third time in 1871, by the Royal Academy of Medicine of Turin, to the author of the best work on medicine published during the triennial period of 1868–70, or to the author of the discovery which shall be considered as having the most largely contributed to the progress of the medical sciences. The works must be written in Italian, French, or Latin, and sent in to the Academy on the 31st of December, 1870, at the latest.

THE Chamberlain of Glasgow, in his Report on the Vital, Social, and Economic Statistics of that city for the year 1868, lays particular stress upon the fact that only six deaths (all of children) occurred from small-pox during the period. In the eight principal cities and towns of Scotland, with a population of 800,000, only eleven fatal cases of small-pox were recorded in the year. We have the utmost pleasure in announcing this most gratifying testimony to the efficient working of the Vaccination Act in Scotland.

AT the meeting of the Army Medico-Chirurgical Society at Portsmouth on the 5th instant, the details of two cases of cerebro-spinal fever, which attacked and carried off two soldiers of the Royal Artillery stationed at Hilsea, were given. In both cases purpuric blotches or spots were present, and in one of them the products of inflammation of the membranes of the brain and spinal cord were well marked. The men were young, and the cause of the disease was not very satisfactorily determined. Several papers are on the list of the Society, and among them one by Dr. Evans, of the Portsmouth civil hospital, on the Operation of the Contagious Diseases Act at that station.

WE are sorry to find that the conductors of the "Bath Home," established for the training and employment of nurses for the sick in private families, report that, notwithstanding the steadily increasing value and public appreciation of the institution, a debt of some £260 is due to the treasurer. The income of the Home is, in fact, insufficient at present to meet the expenses of training the nurses, for whom demands are publicly made. Yet the Home does good work. In 1868, the trained nurses attended to sixty-one cases, and were employed during 382 weeks. It is not creditable to a wealthy place like Bath that its subscription list is so meagre.

THE letter which we print elsewhere from Dr. Rose, of Kidderminster, directs attention to the enormously increased mortality which that town has experienced during the past quarter. The deaths were more numerous than the births, and were 125 per cent. in excess of the mortality in the first quarter of 1868. Is it not time that the "contemplated sanitary improvements" were really commenced?

THE first of a series of letters on the patronage of the University of Edinburgh appears in the *Edinburgh Courant* of the 6th inst., signed "Diogenes"; and argues temperately, but forcibly, in favour of transferring the patronage of the Edinburgh chairs to the University Court, as the body, from its nature and constitution, best fitted to judge of the merits of candidates.

THE Birmingham and Midland Counties Training Institution for Nurses was opened on Monday last. Mrs. Lorenzo Tindall, from the training institution at Exeter, has been appointed lady superintendent, and she commences work with three trained nurses and one probationer. Arrange-

ments have been made for one of the trained nurses, with the probationer, to take charge of one of the medical wards in the General Hospital.

WE understand that arrangements are being made at Her Majesty's Stationery Office for the distribution of copies of the new "Nomenclature of Diseases" to every legally qualified member of the medical profession in the kingdom.

THE Dartmouth Town Council has determined to do in future without the assistance of a medical officer of health. The appointment of the present holder of that post is to be cancelled at the expiration of a month's notice.

AT the last meeting of the Truro guardians, a motion to prevent medical officers of the union ordering relief to paupers in addition to the pauper pay ordered by the Board, was carried unanimously.

THE solemn reception of Claude Bernard at the French Academy has been postponed, owing to the rather queer fact that the gentleman who was to respond to the Professor's inaugural discourse had not yet prepared his speech.

WE learn that measles and scarlatina are prevalent among the soldiers' children at Aldershot camp. Cases of the latter disease are, however, much less numerous than of the former.

THE Petworth Cottage Hospital has now been established fifteen months, and its promoters are enabled to speak warmly of its utility. The hospital has now five beds, and in the past year twenty-seven patients were admitted. On an average, three beds have been occupied at one time. The cost of maintenance has recently been reduced from 12s. 6d. to 9s. 6d. per week. Lord Leconfield has recently added to the hospital, at his personal cost, various out-offices.

THE Italian surgeons reckon a second successful case of ovariotomy. The operation was performed on March 4th, at Lugo by Dr. Domenico Peruzzi. A large number of medical men were in attendance. The tumour weighed 2500 grammes. The patient, a woman of forty-four, recovered so rapidly that on March 25th she was able to get up and walk about the room.

THE Newport (Salop) Union applies in the *Staffordshire Advertiser* for a medical officer for a district comprising the parish of Lilleshall, in exactly the same terms that would be used if applying for bakers, butchers, or shoemakers: "Tenders must be sent in stating the salary," &c. This is another phase of the cheap system which prevails in reference to the pauper part of the community.

DR. CORNISH, medical officer of health for Taunton, in his report to the Local Board on the sanitary condition of the town during 1868, refers to the prevalence of typhoid fever as being annually increasing. It is now, he says, the most fatal epidemic; and he urges this fact as calling for the gravest consideration of the Board. The death-rate of the borough last year was 25 per 1000. The water-supply is stated to be "very scanty."

A LARGE number of men have recently arrived at Dundee suffering very severely from scurvy. They form part of the crew of a whaler that was wrecked in the ice, and went down with all provisions on board; so that these wretched men were compelled to winter in the Arctic regions. The ill-fated ship started in April of last year, and was lost at the end of July. They lived among the natives at Goodhaab until the 10th of April last, and appear to have kept in moderately good health until the middle of February. No special particulars as to the kind of diet on which they subsisted have as yet appeared; but it would be useful to learn how a moderately good state of health can be maintained by Englishmen living for upwards of six months through an Arctic winter, as it is manifest that they were ill-provided with clothing and other necessaries.

THE friends of Mr. E. Watson, M.R.C.S., of North Somercotes, Lincolnshire, have just presented to him a valuable timepiece, as a token of personal esteem and of appreciation of his professional merits. The subscription-list included the names of the other practitioners resident in the town.

IT is reported that cholera has broken out in some parts on the river Gambia, on the west coast of Africa; and that several deaths have taken place, but we believe principally, if not entirely, amongst the natives.

WE are informed that the boots worn by the men of the 98th Regiment were excellent in quality and shape. No exception could be taken to them in these respects; but a great many men wore new boots on the march, and, as every sportsman knows, this leads to blistering or "galling" of the feet. The march was from sixteen to twenty-two miles, and the soldiers were in what is termed heavy marching order.

M. VULPIAN, professor at the Paris School of Medicine, and a well known physician and physiologist, was elected a member of the Academy of Medicine at the last meeting of that learned body.

THE IRISH DISPENSARY SYSTEM.

IT is a satisfactory result of our Reports on the Treatment of the Sick Poor in Workhouses that a very general interest has also been manifested in the out-door poor. The Irish dispensary system was embodied in the Metropolitan Poor Bill in order to improve the treatment of the sick in their own homes; and although it cannot be said to be as perfect as the admirable arrangements of the Maison de Secours, it will not be the less interesting to examine minutely into its working and effects. In 1851 the Medical Charities Act was passed. Five medical inspectors were temporarily employed to assist the Irish Poor-law Commissioners, and the 163 unions in Ireland were divided into 716 dispensary districts, the dispensaries in these districts being 1038, and the number of medical officers 785. There are also 39 apothecaries and 74 midwives. The average population under each medical officer is 7400, but in the larger towns there are many more, and for Dublin there are 14 medical officers, 7 apothecaries, 3 dispensers, and several midwives, for a population of 335,000. The average payment to each medical officer in Ireland is £87 per annum, but in the more important localities the general salary is £100 per annum. As nearly every other medical man in Ireland is a Poor-law medical officer, the health of the community very largely depends upon their intelligence and skill. The dispensary medical officers are also the only public vaccinators. The vaccination fees for the whole of Ireland amount to between £5000 and £6000 per annum, whilst in Dublin they are not £200 a year. Nine-tenths of the children born in Ireland are vaccinated by these officers, and the deaths from small-pox are now reduced to less than 20 per annum. The dispensary surgeons have a just claim

to the credit of an enormous salvation of human life from the practical annihilation of this dreadful disease.

The Irish poor are easily alarmed by illness. They are also extremely affectionate. They run to the doctor for the most trifling ailments. There are, however, great obstacles in the way of gratifying their desires in an independent way. There is a very general habit in the profession not to take less than guinea fees. As the public dispensary is intended to ensure prompt and skilful help to all who cannot pay, the authorities who dispense the orders of admission have no alternative but to grant them to many who in this country would be able to pay a smaller fee. In some districts the guardians have met the difficulty by insisting that the dispensary medical officers should accept a fee of 5s., and in the interest of all parties it is desirable that such a practice should become general. Nothing tends so much to demoralise the poor as the habit of seeking gratuitous assistance. Indeed, Irish experience would seem to show that there should be a system of public insurance against the expense of medical attendance and illness, in order that, when well, the poor may provide independently for such requirements, which they cannot do under existing circumstances. One would think that such a system of insurance might easily be engrafted upon the Irish dispensaries. Nevertheless, and considering the very bad sanitary conditions in which many of the Irish live, the number of patients attended at the dispensaries is less than one might reasonably suppose. In 1867, 572,722 tickets were issued for patients able to attend the doctor at the dispensary, and 191,680 had orders which entitled them to be visited at home: that is, 764,000 illnesses were attended gratuitously —a number representing somewhat more than one-tenth of the population. In epidemic seasons these numbers have been much increased; but the Poor-law Commissioners congratulate the Irish public upon the improved condition of the people, and upon the diminution of zymotic diseases of a destructive type.

Having thus generally stated the nature of the Irish system, it will, perhaps, best serve our purpose to describe a visit to a particular dispensary. It consists of a comfortable private dwelling-house, the upper part of which is used as the residence of the apothecary. On the ground floor is a large waiting-room, capable of accommodating some fifty or sixty people. Near to this is the consulting-room, fitted up with a table, chairs, desk, couch, and cupboard, containing surgical instruments for ordinary use. There are also bandages, plasters, test-tubes, chemicals, stethoscope, chloroform, and other appliances necessary for the proper examination and treatment of the most complicated case. Leading from this is the dispensary, which contains an ample supply of drugs, some of which are made into mixtures for the convenience of rapid dispensing. The list of drugs kept is prescribed by the Poor-law Board; but, on special requisition, the medical officer can obtain any which are not named, should he desire to do so. Generally, however, there is no sufficient guarantee that the drugs are of the best quality. The medical officer is required to report upon them; but, as the guardians usually pay for them by contract, the duty of complaining is not a pleasant one, and would often create ill-feeling if rightly carried out; whilst the Poor-law inspector, not being a medical man, knows nothing of the subject, and is powerless in consequence. Moreover, if the medical officer has the will to do the duty, he still requires special knowledge to examine chemicals and detect adulterations. It would, therefore, be a great improvement if the drugs were supplied from a central store, where a proper examination could be made before they are issued out. The average cost of the drugs was stated to be about 6d. per case. There is great difference at different dispensaries, some medical officers being more extravagant than others. The medical officers attend the dispensary daily at 9 A.M. There are two kinds of tickets for admission. Both are granted by the relieving officers of the district, by guardians or wardens of the poor, and by members of the dispensary committee. In the district visited, 107 persons were entitled to dispense these orders; in fact, there are residents in every street from whom they may be obtained by asking. Such great facility is liable to considerable abuse, and only that there is a kind of pride in obtaining independent advice, the evils would be much greater than they are. The majority of patients are certainly fitting objects for relief; and where the patient ought to pay something for advice, the order is often given under the impression that he is unable to pay the guinea fee. Thus a carpenter in the employ of the Corporation obtained an order. He was earning 29s. per week, and his wife kept a shop; and although a remonstrance was offered by the medical officer, the ticket for gratuitous assistance was still allowed. The facility of getting tickets occasionally leads to ludicrous results. An old woman brought a ticket to the medical officer, who, having entered it in the register, asked what was the matter. "Glory be to God," said she, "nothing to-day; but yesterday I was very bad, and so I brought the order." It is continually found that the members of Benefit Societies obtain orders for the dispensary when they become dissatisfied with their own medical attendant, or when they attempt to obtain the benefit of the Society by improper means. These remarks apply to both white and red tickets; the former admitting to consultation at the dispensary, and the latter demanding instant attendance at the patient's home. In neither case does the number of tickets indicate the extent and nature of the work done. Practically, no one is refused advice and attendance, even if he come without a ticket; for if the attendant were to say "I will not attend you," the applicant would immediately seek and obtain a red ticket, and the doctor would be obliged to follow and see him at home, although there might be little or nothing the matter when he got there. So also patients with white tickets are visited at once, if they are unable to attend. So long as the patient has a white ticket, the medical officer visits when he pleases; but with the red ticket the visits are compulsory. The responsibility connected with this red ticket is very great. Whether it is presented in the daytime or in the middle of the night, the medical officer is bound to go personally at once, or provide a qualified substitute at his own expense. Complaint is ruin, so much is thought of attention to the poor. This urgency and responsibility may become excessively oppressive. A vulgar scripture-reader inflicted great annoyance on one of the medical officers by continually sending orders at untimely hours. On one occasion he succeeded in getting no less than three dispensary surgeons at the same moment to a poor man's child; and, having heard that an enema was required, he insisted that the medical man should himself administer it in the absence of any persons competent to do it. He even boasted of having brought the doctor to his marrow-bones. Should the medical officer find that a ticket has been improperly bestowed, he is bound to report the particulars to the committee, which assembles once a fortnight. In the meantime he must continue his attendance until the case has been determined. Very few orders are cancelled. The fact is, complaint is useless; for if the order were cancelled one hour, the patient would be able, without the slightest difficulty, to obtain a fresh order from some warden unacquainted with the previous proceeding, and upon this the doctor would be compelled to attend for a fortnight—that is, until the committee meets again. This is a sad blot, and might be rectified by giving to the guardian granting the original order the power to cancel it, upon representation being duly made. The system of allowing tickets to be dispensed in this indiscriminate way ought to be modified, and a greater discretion should be permitted to the medical officer as to the refusal to attend.

(To be concluded.)

THE Committee of the Manchester and Salford Sanitary Association, in their annual report for 1868, state that the health of these places was very unsatisfactory during the year. They attribute the great mortality to the bad state of the ashpits and sewers, to the want of proper house accommodation for the working classes, to the dirty and intemperate habits of so many of the people, and in part also to the want of provision for infectious diseases.

THE GUARD-ROOM AT BUCKINGHAM PALACE.

WE rejoice to find that great improvements are in progress at the guard-room at Buckingham Palace. In consequence of representations made last year, proposals were submitted in the estimates for new windows to give light and air, new Galton's stoves, a plentiful introduction of ventilators, and a new cooking apparatus, all of which were sanctioned by the War Office, and confirmed by Parliament. The improvements have been nearly completed. Unfortunately, however, we have to relate an instance of the weakness and want of harmony in our Government, which we hope will attract the attention of Lord Garlies, who has already manifested interest in the question now in hand. It appears that, whilst the interior of the guard-room is under the authority of the War Department, the exterior is under the exclusive control of the Board of Works. No sooner were the necessary windows inserted in place of the wretched ventilators which previously existed than a complaint was made by the Board of Works that the new windows were a disfigurement to the architectural appearance of the Palace; and, spite of all attempts to meet the difficulty, peremptory orders have been issued to compel the War Office to restore the *status quo*. This is the more sad in the case of the sergeant's rooms, because, although permission has been given to insert ventilators, one, at least, is not really fit for human habitation without a window. It is thus that the health and comfort of our soldiers are sacrificed to the caprices of architects and the supposed exigencies of architectural effect, and the public money is wasted in making improvements one day and destroying them the next.

We are also informed that the barrack-room at the Horse Guards, to the state of which we drew attention several months ago, is in the hands of the Board of Works—a fact which fully accounts for its disgraceful condition, since it is clear that, whatever may be their zeal for the external appearance of our public buildings, they have but small consideration for those who occupy them.

REPRESENTATION OF OBSTETRIC MEDICINE IN THE GENERAL COUNCIL.

A DEPUTATION from the Obstetrical Society of London waited on Her Majesty's Secretary of State for the Home Department on Tuesday, May 11th, to represent the grave defect in the constitution of the General Medical Council, resulting from the want of adequate representation in that body of obstetric medicine.

The deputation, which was accompanied by Dr. Lush, M.P., Mr. Finnie, M.P., and Mr. R. N. Fowler, M.P., was introduced by Dr. Lyon Playfair, M.P.; and consisted of the President, Dr. Graily Hewitt, and the following members of the Council of the Society—Drs. J. C. Langmore, E. J. Tilt, J. Hall Davis, Robert Barnes, J. Braxton Hicks, G. C. P. Murray, Henry Gervis, A. Meadows, Tyler Smith, W. S. Playfair, C. Holman, F. C. Cory, and Messrs. J. M. Burton and J. Scott.

Dr. Graily Hewitt said that the Obstetrical Society was a body of gentlemen interested in the cultivation of obstetric medicine, numbering nearly 600 members, and including the most eminent practitioners in this department in Great Britain and the Colonies. The Society had been in existence for ten years, and had effected much in furtherance of the cultivation of this branch of medicine.

Dr. Barnes then directed the attention of the Home Secretary to the memorial presented by the deputation.

Mr. Bruce received the deputation with much courtesy, and expressed his opinion that the matter now brought before his attention was one of great importance, and promised that it should receive his best consideration.

MEMORIAL.

1. The Obstetrical Society of London begs leave most respectfully to invite the attention of Her Majesty's Secretary of State for the Home Department to the general defect in the constitution of the General Medical Council, resulting from the want of adequate representation in that body of obstetric medicine.

2. The General Medical Council is constituted of seventeen representatives, elected by the Universities, the Colleges of Physicians and Surgeons, and the Apothecaries' Societies; by six nominees of the Government; and by a president elected by the Council itself.

3. Owing to the constitution of the governing bodies of the Universities and Colleges, these bodies have always elected representatives who neither teach nor practise obstetrics.

4. Amongst the members nominated by the Government there is not one who teaches or practises obstetrics.

5. The result is that at the present moment the General Medical Council does not contain a single member who has ever been a public teacher of obstetrics, and only two or three members who actually practise obstetrics.

6. The position and claims of obstetric medicine in reference to the Examining Boards, and the licence to practise, are very unsettled; the provision of competent midwives for the poorer classes and the public services is in the highest degree unsatisfactory; the encouragement of obstetric science, and the regulation of obstetric practice, are duties of undeniable importance to the public interest.

7. Your memorialists submit that these duties can hardly be efficiently discharged to the public interest, or so as to command the confidence of the great bulk of the medical profession, by a body from which teachers and practitioners of obstetrics are practically excluded.

8. Your memorialists therefore earnestly pray that the constitution of the General Medical Council may be so remodelled as to make due provision for the appointment of members conversant with, and capable of informing the Council upon, matters relating to the science and practice of obstetrics.

(Signed) SIR CHARLES LOCOCK, BART.,
GRAILY HEWITT, M.D.,
GEORGE THOMPSON GREAM, M.D.,
W. TYLER SMITH, M.D.,
T. SPENCER WELLS, F.R.C.S.,
T. W. NUNN, F.R.C.S.,
G. C. P. MURRAY, M.D.,
WILLIAM PLAYFAIR, M.D.,
WILLIAM O. PRIESTLEY, M.D.,
HENRY OLDHAM, M.D.,
ROBERT BARNES, M.D.,
J. BRAXTON HICKS, M.D., F.R.S.,
J. C. LANGMORE, M.D.,
E. J. TILT, M.D.,
J. HALL DAVIS, M.D.,
HENRY GERVIS, M.D.,
ALFRED MEADOWS, M.D.,
C. HOLMAN, M.D.,
F. C. CORY, M.D.,
J. M. BURTON, F.R.C.S.,
J. SCOTT, F.R.C.S.

VACCINATION DIRECT FROM THE COW.

IT is a matter of much regret that so little has been done in England towards the determination of the value of the practice of what is known as "animal vaccination." We learn from Dr. H. Blanc, who has made personal inquiries upon the subject on the continent, that experimenters abroad seem at length to have satisfactorily vindicated the superiority of the mode of protecting the human subject against small-pox by transmitting to him cow-pox direct from the heifer, and that animal vaccination is now generally encouraged in Paris, Brussels, Naples, Marseilles, and other places, on that account. As in this country we are, one and all, dissatisfied with the scanty supply of lymph, and its indifferent character, in the face of the greater need of a large extension of vaccination and revaccination, and of widespread prejudice in the public mind as to the possible transmission of serious disease by these operations, we should earnestly ask ourselves whether we cannot at once profit by the doings of our continental brethren, and rid ourselves of our present inconvenient position in regard to the general

question of vaccination. It may be that animal vaccination has not been practised, merely from the want of opportunity, and not simply from disinclination to adopt it. Dr. Blanc, we believe, is now prepared with heifers affected with vaccinia, from whom a supply of lymph may be obtained; and he is himself seeking to carry out the practice of animal vaccination extensively. The advocates of the new practice urge, not only that its adoption at once prevents the possible transmission of diathetic diseases and other ailments arising from the use of degenerate lymph, but that the prophylactic properties conferred upon man by vaccination are lessened in direct proportion to the more or less complete abstraction of lymph from the vaccine vesicles,—a fact which constitutes a grave and yet scarcely appreciated objection against the existing mode of vaccination; and, together with Dr. Blanc, they are convinced by their own observation that direct vaccination from heifer to man, with cow-pox free from all possible contamination, and deprived by a succession of inoculations, on its own ground, and by passage through the systems of younger animals, of its first rather too violent action, is so good and efficient that it must before long be generally adopted. Dr. Lanoix, of Paris, has already made, with general success, more than 40,000 vaccinations on this plan. He and others have found no diminution in the activity of the virus of the cow-pox transmitted from heifer to heifer; nevertheless, the adherents of animal vaccination have made it a rule to renew the cow-pox each time a spontaneous case occurs, thereby solving the important problem of the regeneration from time to time of vaccine lymph. One other powerful reason adduced in favour of animal vaccination is the possibility of obtaining at any time an abundant supply of good lymph on emergencies. In a few days the inhabitants of a town could be vaccinated and revaccinated in so short a time, and on such a scale, if necessary, as to admit of the possibility of mastering an epidemic which even threatened to be serious. A good instance of this occurred recently on board one of the French Transatlantic Company's steamers. The *Tribune Médicale*, of the 18th of April, says that in five hundred persons revaccinated on board the *Nouveau Monde*, from an inoculated heifer sent from Paris, two hundred and fifty presented well-developed pustules, and were protected, "although living in a confined space, infected by the presence of three cases of small-pox." By all means, then, let us make trial in England of so promising a remedy, and let us at once set about the collection of facts upon which to form for ourselves a correct conclusion as to its efficacy. We wish Dr. Blanc success in his endeavours to search for the truth.

THE LOCK HOSPITAL AND CONTAGIOUS DISEASES.

VERY important testimony was borne both to the present good results of the operation of the Contagious Diseases Act, and to the necessity for a fuller extension of this measure—in fact, to the civil population generally,—by the Duke of Cambridge, Sir John Pakington, and others, at the anniversary festival of the Lock Hospital, which was celebrated on Tuesday evening last. His Royal Highness mentioned that the indirect benefits, other than the mere cure of disease, were shown by the experience of the Lock Hospital alone to be very remarkable. Out of the whole number of Government patients admitted, no less than 124 had been induced to enter the asylum, and 23 had been restored to their friends; and the chaplain personally testified to the permanence of the change for good which had been exhibited by these young women. This fact is of the utmost value at the present time when those who oppose the further extension of the Act conveniently call in question the fact of reclamation. The Duke of Cambridge, in common with other army officers, regarded the Lock Hospital, with its 200 beds for females and its 46 for males, as of universal public service, specially in relation to the sad amount of disease which exists in the army. He is personally greatly in favour of an extension of the Act to the country generally. That was a large question he admitted, and should be dealt with on public grounds and in accord with the general sentiment of the people. At one time it was difficult to get the question of the prevention of contagious diseases at all entertained; but a more rational view now exists. His Royal Highness said that he had been informed since he entered the room that Mr. Bruce had given notice in the House of Commons to move that the whole question be referred to a Select Committee of the House. He concluded by an appeal to the public to support, by liberal subscriptions, the Lock Hospital, which laboured under a debt of some £5000. Lord Lifford subsequently spoke of the beneficial operation of the Act of 1866, but regretted that the Government had failed in their promise to bring in a Bill in harmony with the recommendations of the Lords' Committee over which he presided last year. Lord Northbrook expressed the regret of Mr. Cardwell that his official duties prevented his attendance, and his desire to see the further benefits of the fuller operation of the Act. Much interest was necessarily exhibited in the speech of Sir John Pakington, who warmly commended Lord Clarence Paget for a perseverance which did much to bring a Contagious Diseases Act into existence in the first place. Sir John Pakington stated that he had minutely examined for himself the whole of the facts that have been adduced by various observers and obtained from various official sources in relation to the benefits of the Act, and the possible objections that can be taken to further legislation. He declared that the results of the last two years' experience, and especially the facts contained in Mr. J. R. Lane's pamphlet, were most unmistakable and encouraging, as regards the decrease not only in the number of the diseased but also in the virulence of the disease itself. He did not wonder that this success had induced a large number of persons to desire the extension of the Act to the general population; but here, he added, steps in a considerable difference of opinion, explained by the belief which exists in the minds of some persons that the cure of disease would remove a check upon immorality. Sir John Pakington declared, however, that the balance of argument was altogether in favour of extending the Act; and he hoped that all would endeavour to promote that object. There was one argument which to him appeared quite unanswerable, and that was that "contagious disease" was hereditary; a large number of children died immaturely, and others—innocent women amongst them in abundance—lived lives of wretchedness from no fault of their own, but the consequence of preventable disease. He declared that it was wrong, in every sense, to allow the blood of Englishmen to be thus freely contaminated.

We are sure that the opinions which we have thus briefly given will be read with pleasure by the profession and the public; and we believe that they indicate the general temper of statesmen in regard to the great problem of the suppression of contagious disease. They show, moreover, that our great men are fully appreciating the fact that the prevention of disease does not necessitate the encouragement of immorality. Some very complimentary remarks were made by the Duke of Cambridge on the active labours of the medical staff of the Lock Hospital, and a vote of thanks was warmly accorded to them.

UNIVERSITY OF LONDON.

THE conferring of degrees took place on Wednesday last, in Burlington-gardens, the Chancellor, Lord Granville, presiding. There was a very large attendance of visitors.

The Registrar read a Report stating the number of candidates admitted as graduates and undergraduates during the past academical year.

The following presentations for scholarships, exhibitions, medals, and prizes then took place:—

M.D.—Robert Shingleton Smith, King's College, medal.

M.S.—Marcus Beck, University College, medal.

M.B.—George Vivian Poore, University College, scholarship and medal in medicine. William Alsept Richards, King's College, medal in medicine. Frederick Taylor, Guy's Hospital, scholarship and medal in midwifery. William Alsept Richards, King's College, medal in midwifery. Frederick Taylor, Guy's Hospital, scholarship and medal in forensic medicine. Reginald Eager, Guy's Hospital, medal in medicine.

B.S.—John James Ridge, St. Thomas's Hospital, scholarship and medal in surgery. George Vivian Poore, University College, medal in surgery.

FIRST M.B. EXAMINATION.—John Curnow, King's College, exhibition and medal in anatomy. John Mitchell Bruce, Aberdeen, medal in anatomy. John Curnow, King's College, exhibition and medal in organic chemistry and materia medica and pharmaceutical chemistry. Herbert Alder Smith, St. Bartholomew's Hospital, medal in organic chemistry, and materia medica and pharmaceutical chemistry.

FIRST B.SC. AND PRELIMINARY SCIENTIFIC (M.B.) EXAMINATIONS.—Charles Thomas Whitmell (First B.Sc. and Prel. Sci.), private study, exhibition in chemistry and natural philosophy. Francis James Carey (Prel. Sci.), Guy's Hospital, exhibition in botany. Francis James Carey (Prel. Sci.), Guy's Hospital, exhibition in zoology.

The Chancellor (Lord Granville) then delivered an address, and alluded in the first place to the steady progress of the University as to the number of its members, its increase in public consideration, and its use in promoting the higher branches of education in the country. It was to him a great pleasure to note that the constitution of the University was being steadily built up, not only as defined by the charter, but by the concurrent action of the Senate and Convocation, and at no time was there more complete harmony between the two sections of the University, Convocation being regarded as a consultative, and the Senate the executive, body. This harmony was greatly promoted, he believed, by the conciliatory manner in which the chairman of Convocation had done his duty, and the confidence reposed in the Vice-Chancellor. His Lordship then referred to the attack which had recently been made on the very essence of the constitution of the University—viz., the character of its examinations. It was charged against the University that it put no fair limit upon the amount of instruction which it required, but if they were not an examining body only, they were nothing; they did, however, limit their requirements by their programme. It was further objected that the questions were not within the limit of the instruction received. This he entirely denied. He could not give any practical answer, perhaps, as regards the examinations of women, because sufficient time had not as yet elapsed since these were instituted; but in the case of males, it was different. There is a large number rejected at the matriculation, showing that there is great deficiency in the general education of the country. But there was further a large number, on the other hand, who comply with the regulations, and pass most satisfactorily, who come from schools which have based their plan of instruction on the system of the University, and had carefully and steadily prepared their scholars, altogether abandoning the attempt to render them efficient by mere cramming. Lord Granville then referred to the honour conferred upon the University by three members of the Senate, in the recent additions to science in reference to deep ocean life made by Dr. Carpenter, in the gift of Dr. Neil Arnott, and the possession of a member to represent the University in Parliament. Last year, whilst expressing his appreciation of the high character of the several candidates who had come forward to represent the University, he had abstained from showing a preference for the one or the other. But after the accomplished fact, he thought he might express his satisfaction that a member of the Senate, who had largely contributed to the advance of the University, had been selected; and, further, that their choice should have fallen upon one who was universally recognised as a necessary element in any new administration, and whom the Prime Minister, with the cordial consent of his colleagues, thought proper to place at the head of one of its greatest and most difficult offices. If he congratulated the University on getting Mr. Lowe, he also congratulated Mr. Lowe on getting the University. The great Universities, however, had shown a slight tendency to cramp the free action of their members; but he hoped that would not be the case with them. Lord Granville then referred to "local" interests, if such could be so called which extended from Canada in the West to Bombay and Calcutta in the East. He knew of no local interest that they required but such as would obtain for them every assistance in the advancement of the intellectual progress and the higher class of education. After referring to the fact that the exact form of the present elevation of the new building was due to a suggestion of Convocation, and that Lord John Manners had warmly lent his aid to give the University a suitable habitation, he answered certain objections that had been taken to the figures which adorn it, and mentioned that it had been Her Majesty's intention last year to lay the foundation stone, and that the only reason that prevented her was the fact that a suitable day could not be conveniently fixed for the purpose. It was probable, however, that Her Majesty would, if her health permitted, still show by her gracious presence within its walls her appreciation of the good work of the University, as she had a wish to do it honour. A few words of congratulation to the successful, and of encouragement to the unsuccessful competitors, brought the remarks to a close.

It was announced by Dr. Carpenter that the large theatre would be ready for their annual meeting in 1870.

THE Convocation held its annual meeting for the first time on Wednesday evening in the new and still unfinished University building, Burlington-gardens. Dr. Storrar presided. Dr. Carpenter, the registrar, presented the minutes of the Senate. The report of the Annual Committee, which dealt with the questions of Parliamentary Representation, Secondary Education, Preliminary Scientific Examination, the Neil Arnott Exhibition, Examinations for Women, and a variety of other subjects, was then received. A proposal from the Senate that the degrees of D.L. and M.S. be recognised as qualifications for immediate admission to Convocation, was presented by the Chairman, and carried. A resolution approving of the action of the Annual Committee in reference to parliamentary representation of the University, was likewise adopted, after some discussion as to the suggestion of the committee against candidature speeches by proposers, seconders, or candidates. Mr. W. Shaen moved a resolution approving of the petitions presented by the Chancellor of the Exchequer to the House of Commons on the part of Convocation, by direction of the Annual Committee, in favour of the Government Bill on the subject of secondary education, which was agreed to. Resolutions thanking Dr. Arnott for his munificent gift of £2000 for the Exhibition in Experimental Physics; in favour of instituting examinations for women not under seventeen years of age; and others approving of various details of the report, were passed; and the usual election of the Annual Committee concluded the business.

GREENWICH HOSPITAL.

THE following are the paragraphs in the new Greenwich Hospital Bill, just printed, which interest the medical profession in relation to the future of the hospital and its pensioners:—

"The Admiralty may, under regulations to be from time to time made by them, admit temporarily or permanently to the benefits of Greenwich Hospital non-commissioned officers and men of the royal navy and marines who, although not in receipt of naval pensions, have been, before or after the passing of this Act, discharged as invalided for disease or wounds contracted or received in or by the service of the Crown, or are infirm and helpless.

"The Admiralty may, under regulations to be from time to time made by them, send any non-commissioned officers or men admitted to the benefits of Greenwich Hospital to a naval hospital or infirmary, to be there maintained at the expense of Greenwich Hospital.

"The Admiralty may, under regulations to be from time to time made by them, appoint to non-commissioned officers and men admitted to the benefits of Greenwich Hospital, in lieu of maintaining them in or at the expense of Greenwich Hospital, such special Greenwich Hospital pensions as to the Admiralty seem fit, according to the circumstances of each case, but so that the amount received by any officer or man in respect of such special pension, together with the naval pension (if any) appointed to him, and the Greenwich Hospital pension (if any) appointed to him under the Greenwich Hospital Act, 1865, do not exceed in the case of any officer or man who was an inmate of Greenwich Hospital on the 1st of January, 1869, the sum of £36 10s. a year, and in the case of any officer or man who has been or is admitted to the benefits of Greenwich Hospital after the last-mentioned day, the sum of £27 10s. a year.

"Regulations made by the Admiralty under this Act shall not have effect unless and until they are approved by her Majesty in Council.

"The Admiralty may from time to time permit Greenwich Hospital, or any part thereof, with the appurtenances, to be occupied and used temporarily for the purposes of the naval service or of any department of Her Majesty's Government, or for any public or charitable or other useful purpose, with or without requiring a rent, and on such terms respecting repairs and other matters as the Admiralty may think fit; but so that the whole of the buildings of the hospital and their appurtenances shall be at all times available for the purposes to which the same would have been applicable if this section had not been enacted."

It is to be noticed that the claims of the Seamen's Hospital Society are not formally recognised in the Bill, though the last-quoted clause will of course apply to its wants. The Bill is "prepared and brought in" by Mr. Trevelyan, Mr. Childers, and Mr. Adam, and was ordered to be printed on May the 4th.

BRIGHTON DRAINAGE.

ON Tuesday last, a large and most influential meeting was held at the Grand Hotel, Brighton, Dr. Carter in the chair.

Mr. G. Tatham proposed, and S. Laing, Esq., Chairman of the Brighton Railway, seconded the following important resolution:—

"That in the state of public opinion in reference to the system of drainage in Brighton, and in view of the injury caused by the existing prejudice against it, the Town Council be requested to confer with the neighbouring authorities, and to receive a deputation from this meeting, with a view to instituting further inquiry into the practicability and expediency of removing the drainage away from the town."

The resolution was supported by a considerable number of speakers, and passed unanimously. A committee was also appointed to watch the further progress of the drainage question. The importance of this meeting cannot be overestimated, since it is now evident that public opinion is strongly in favour of the course we have never ceased to advocate.

Correspondence.

"Audi alteram partem."

THE SANITARY STATE OF KIDDERMINSTER.

To the Editor of THE LANCET.

SIR,—The mortality returns for Worcestershire for the quarter ended March 31st are of a very unfavourable character.

The report states "it is an easy thing to point to the black spot in the present return, as in going through the various districts in the county it is at once evident that Kidderminster presents an extraordinarily bad account. The deaths in this district reached 178 in the first quarter of 1867, in the similar period of 1868 the number was 138, and now the total is said to be 303,—a vast increase of nearly 125 per cent., the deaths being more than twice the previous number. It should be added that in the district of Kidderminster the deaths were more numerous by 16 than the births."

In this town it may be truly said that trade flourishes and wealth accumulates, but men decay, while children are not seldom anæmic and stunted in their growth. I hope that with the return of material prosperity there may soon be a diminished death-rate, and that the contemplated sanitary improvements in reference to drainage and water supply, at present under consideration of our Municipal Corporation, may be speedily begun. In this matter there has already been great and culpable delay, which is far from creditable to the local parliament of the carpet metropolis.

The expenditure will no doubt be large, but there will be an ultimate saving in greatly diminished pauperism, and in the improved health and comfort of all classes.

I am, Sir, your obedient servant,

Kidderminster, May 10th, 1869. JOHN ROSE, M.D.

LIGATURE, ACUPRESSURE, AND TORSION.

To the Editor of THE LANCET.

SIR,—Some years ago I undertook, at the request of Sir James Simpson, a series of experiments to determine the process of union in the walls of vessels after the application of acupressure. Since then, as occasion offered, I have repeated the experiments, and have dissected many stumps in which acupressure had been used, with the invariable result of substantiating the conclusions derived from my experiments. Among the experiments were some such as are related by Professor Ogston in last week's LANCET, and which were intended to form the basis of a paper for the physiological section of the British Association at Dundee. From these experiences I may be allowed to write a few words in reference to Professor Ogston's paper.

In the first place, I am quite certain that no experiments on the vessels of the lower animals will be satisfactory unless their results are confirmed by clinical experience; and experience has also shown me that experiments on dead arteries, even when human, are equally fallacious. Although torsion as a hæmostatic has not succeeded well in my hands, I have never observed the untwisting mentioned by Professor Ogston; and as this would inevitably lead to reactionary hæmorrhage, I should like to know if this is of frequent occurrence when torsion is used. That "a ligature can be applied as perfectly to a vessel removed from the body as to a living one," is no doubt true; but I much question whether "torsion can be as efficiently performed on the one as on the other," and I am quite certain that none "of the forms of acupressure are equally applicable under both circumstances."

The experiments performed by me, and all my dissections, have shown that acupressure properly performed on the living subject does not divide the inner coats, and they fully confirm the views promulgated by Manec, John Hunter, Travers (in opposition to Hodgson), and Dalrymple, of Norwich, that the inner coats should not be divided. Professor Ogston's experiments, then, in which those coats were divided (and the results of such alone are preserved) are, in my opinion, untrustworthy. The comparison between the acupression of a vessel stripped of its surroundings and of one *in situ* cannot be admitted, for I have frequently found that I was unable to occlude a large vessel if the needle were close upon it, but that if I dipped the needle further from the vessel, so as to have a cushion of structure between them, the occlusion was readily obtained. The reason of this is, that in the latter case there is a greater area of the walls in coaptation than in the former; and I believe that it also explains the failure of acupressure in the hands of many surgeons, more especially in the hands of one distinguished surgeon of my acquaintance, who shall be nameless. They have, indeed, been *too* careful in the application of the needles. There is no mystery, then, in "what becomes of the separated points of the internal and middle coats of the vessels, without which, unless a mass of tissue is included, acupressure by the fourth method cannot be effectually performed," because such a mass ought always to be included, and the coats ought never to be divided. Professor Ogston will be satisfied of this if he wait till the appearance of the second part of Professor Spence's textbook on Surgery, in which, I believe, that distinguished surgeon intends to insert a coloured plate of a brachial artery, which I acupressed most effectually without the division of coats, and which was permanently occluded, and the clot adherent, in thirty-eight hours.

I am, Sir, your obedient servant,

Wakefield, March 20th, 1869. LAWSON TAIT.

THE Wigan Town Council have elected Mr. C. F. Rigg, M.R.C.S., surgeon to the town police force, at a salary of £15 a year, in the stead of Mr. T. J. Heaton, resigned.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

SENATOR CLAUDE BERNARD.

THE Emperor has just paid a crowning tribute to the scientific glory of Claude Bernard by calling him to the Senate. There the great French physiologist will take his seat beside Nélaton the surgeon, and Dumas the chemist, both former Professors at the Faculty. The Senate will thus include three medical men, without mentioning Dr. Conneau. Only a short time ago Claude Bernard had the exceptional honour of being elected at the French Academy, a society which is composed of only forty members, consisting of the most distinguished literary characters of the day, and which is invested with a peculiar prestige in the eyes of the French. Claude Bernard has, therefore, passed through more than the ordinary number of grades and positions for which a scientific man can have ambition in this country. Besides the two distinctions which I have just named, he is Professor of General Physiology at the Museum, Professor of Experimental Medicine at the Collége de France, Life-President of the Biological Society, Annual President of the Academy of Sciences, a Member of the Academy of Medicine, Commander of the Legion of Honour, &c.

VITAL STATISTICS OF BARON HAUSSMAN'S.

It will be remembered that one of the most telling arguments put forth by M. Haussman's defenders, during the recent debates at the French Chamber on the financial difficulties of the city of Paris, was, that the large sums of money employed in demolishing and rebuilding whole quarters of the town were fully justified by its improved sanitary condition. "If the death-rate had remained what it was in the eighteenth century," eloquently exclaimed an orator, "by applying it to the population of Paris in 1866, we would obtain the fearful result of 64,285 deaths for 1868; whereas in 1866 there was only one death out of 40 inhabitants, making a total amount of 42,000 deaths; therefore, we really do, every year, snatch away 19,285 inhabitants from the hands of death." This statement M. Bertillon, the well-known statistician, stoutly refuses to endorse, in an able article just published in one of the Parisian medical journals. He admires the facility and tranquil self-possession with which general administrators in France declare themselves competent in all matters, and especially on subjects belonging to medicine and hygiene, and he refers to the fact that out of the sixty-seven members of the International Committee of Geneva appointed by the Government, there is only one medical man among so many senators and generals. Still more recently another Commission had been appointed, with the object of inquiring into the mortality of new-born children, and it contained only two medical men. In like manner, proceeds M. Bertillon, the orator in the French House had adduced statistics which rested on no scientific ground, and had extemporised a statement which should have required years of patient study and research. M. Bertillon has been carefully collecting documents on the same subject for a long time past, and would have taken time to digest his materials, or allow them to ripen; but since official impatience, he says, has gathered green fruit, then green fruit will he too serve up. He hopes to be able to show that the mortality of Paris is not less now than it was formerly,—that it is greater than that of the immense city of London, and that there is need, not to rejoice, but to find out the causes of this heavy death-rate. This will form the subject of a series of forthcoming articles. The one to which we allude is but an introductory chapter, in which he sets forth his programme.

M. SAINTE-CLAIRE DEVILLE'S EXPERIMENTS ON THE EFFECTS OF PRESSURE: A CURIOUS LABORATORY.

In connexion with his scheme for substituting the mineral oils for coal, as fuel, in the French fleet, M. Sainte Claire Deville has undertaken a series of experiments, in which he will study the effects of pressure on various phenomena, and especially the causes of light in flame, of combustion, &c. In order to pursue these researches, it has been thought necessary to construct a large iron laboratory, capable of receiving the experimenter, with all his apparatus, and which may be subjected to an extraordinary atmospheric pressure by means of a vapour pump. This iron safe has been fabricated by the direction of the Minister of Marine, and by the Emperor's express command. It has the form of a vast cylinder, surmounted by two chimneys, one serving to produce the pressure, and the other to admit the operator and his apparatus. The experiments will be conducted by M. Ste. Claire Deville, and some other *savants*, and will involve a certain degree of danger.

SULPHATE OF QUININE IN TROPICAL DIARRHŒA.

At a recent meeting of the Société Médicale des Hôpitaux, M. J. Simon communicated the notes of a very interesting case, in which the beneficial effects of sulphate of quinine were quite marvellous. The patient, a lady from the tropical regions, had been suffering for the previous twenty years from constant diarrhœa, and had come over to France for the purpose of having better medical attendance. She had once inhabited a marshy locality, and had had malarial fever; but this had completely disappeared, and at the time M. Simon first saw her, there was nothing in her condition which called his particular attention to the idea of a connexion between malarial poison and the bowel complaint. Yet the spleen was much enlarged, and the liver voluminous. The patient was completely free from fever. There had never existed any symptoms of dysentery. Opiates, astringents, and tonics were tried, but with no beneficial effect. On February the 6th the patient was in a moribund condition. M. Simon thought of administering fifty centigrammes of quinine. The effect was instantaneous. Under the influence of this treatment the patient rallied rapidly, the diarrhœa completely disappeared, and the spleen and liver returned to their normal dimensions. The patient has now completely recovered her health. From time to time she may have slight diarrhœa, which assumes the character of indigestion, but disappears rapidly on the employment of quinine. The case is most important, as showing one of the peculiar forms of malarial poison, and the wonderful specific action of quinine.

HEALTH OF PARIS.

At the present time the health of Paris remains good. Cases of typhoid fever are, however, becoming more frequent in both private and nosocomial practice. At the Hôpital St. Louis several cases of rheumatism, probably brought on by the present sudden variations of temperature, have been admitted into the wards.

NEW PARISIAN BOOKS.

During the last week the following works have issued from the press:—"Traité de Physiologie Appliquée à la Médecine et à la Chirurgie," par Th. Liégeois: V. Masson. "Essai sur les Maladies du Cœur chez les Enfants," par René Blache: Asselin. "Traité Théorique et Pratique des Maladies des Yeux," par Wecker, tome ii., 2de partie: Delahaye. "Quelques Considérations sur l'Apoplexie et la Paralysie," par Brandon: G. Baillière. "Le Bréviaire du Médecin," par F. Monin, 2de edition: J. B. Baillière.

Paris, May 11th, 1869.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE summer session of the University and extra-mural Medical School commenced on Monday, the 3rd instant. In the former the chief feature to be noticed is, that the lectures on clinical surgery are to be delivered, for Professor Syme, by his clinical assistant, Dr. Joseph Bell, a gentleman well qualified to sustain the character of that surgical patronymic so long known in this city. In the extra-mural school the additions to the usual course are lectures on the "Diseases of Children," by Dr. Stephenson, and demonstrations on skin diseases at a dispensary recently established for these maladies by Mr. G. S. Smith.

The various Societies have been in a very active state this season. At the meeting of the Royal Society on Monday

evening the chief contributors were medical men. The chair was occupied by Professor Christison. Papers were read by Dr. W. Rutherford "On the Influence of the Vagus upon the Vascular System," "On the Affinities and Classification of the Nemerteans" by Dr. W. Carmichael Macintosh, and "On the Alkaloids contained in the Wood of the Bebeeru, or Green Heart Tree," by Professor Maclagan and Dr. Arthur Gamgee. The Medico-Chirurgical Society has held a monthly meeting during the winter, and the Obstetrical has continued to meet twice a month, and has also resolved at the close of the session to issue a volume of its Transactions. At the Royal Physical Society, at its last meeting, communications were read by Dr. J. A. Smith, with an analysis by Professor Crum Brown. The chief paper of the evening was that by Mr. Robert Brown, F.R.G.S., "On the Origin of the Boulder Clays, with reference to the Theories of Arctic Ice Action."

On the 30th of April the President and Council of the College of Physicians gave an opportunity to some of our distinguished citizens to see their new hall, and to hear an excellent address on, or criticism of, "Professor Huxley's Inferences from Protoplasm." This is the first *conversazione* the College have given since the completion of their elegant hall, and it is somewhat remarkable that the gentleman selected to inaugurate it should be a fellow of the sister College. The lecturer was Dr. J. Hutchinson Stirling, the author of the "Secret of Hegel," and who, at the time of the vacancy, was one of the candidates for the Moral Philosophy Chair. The President introduced him to the meeting as one of the ablest metaphysicians of the day—one whose writings had called forth the admiration and respect of the greatest authorities in Great Britain, on the continent, and America. The lecturer then addressed himself to a review of Huxley's argument, and demonstrated what he considered its weakness and errors.

By the death of Dr. Seller the Morison Lectureship on Mental Diseases has become vacant. It appears the nomination of a successor is in the hands of the President, and instead of the appointment being conferred on one of the Fellows, Dr. Arthur Mitchell has been fixed on to give the lectures for the next three years. Of the distinguished ability of that gentleman to give a most interesting course of lectures, there can be no doubt; but I have heard an opinion expressed, that some of the Fellows are sufficiently conversant with mental affections to have been very well qualified to have delivered the lectures.

Edinburgh, May 10th, 1869.

Parliamentary Intelligence.

HOUSE OF COMMONS.

ON Monday last there was a long and interesting debate on the subject of Pauperism. We give the principal points likely to interest our readers.

Mr. Corrance introduced the question with great moderation. He pointed out that, although pauperism and the expenditure for relief had undoubtedly increased out of proportion to the population, the peculiarity of the present state of the case is its gravitation to the metropolis and the larger towns. He stated his conviction that all the good which was effected by the amended Poor Law ceased after the year 1844, and that from that time there had been steady increase of pauperism, which could not be explained by the higher price of bread; and it was a remarkable fact that since the time named the capital of the country had increased enormously, and the number of members in benefit societies had more than doubled. Mr. Corrance said that there were nearly half a million of the sick and aged to whom the present system of repression could not be applied; and yet it was upon this principle that new workhouses were built. These buildings had become hospitals without being fitted for the purpose. He recommended that the funds of the endowed charities should be applied to the relief of this class. He said there were in the metropolis 242 institutions devoted to the relief of the bodily wants of the poor, whose annual funds amounted to £2,100,000; and in his opinion there is £3,000,000 per annum available for this purpose. He recommended the establishment of superannuation benefit societies, the payments to which should be encouraged by supplementing those payments from the rates, and the same system might also be employed to encourage insurance against medical relief. He recommended the Irish dispensary system for the larger towns. Dr. Lush spoke as an experienced Poor-law medical officer, on the importance of a proper treatment of the sick, who formed so large a proportion of paupers. He regarded the administration of medical relief as eminently unsatisfactory to the profession, to the ratepayers, and to the poor themselves. He said that the practice of farming out large numbers of sick persons, at a low charge, lowered the confidence of the poor, who came to think that they did not receive proper care and attention. He thought the practice of this country should be as much as possible assimilated to that of Ireland, which worked so well. Mr. W. H. Smith, after describing the large increase of pauperism in the metropolis, stated that the figures of the Poor-law Board failed to reveal the truth. In the Strand Union, 8305 paupers were relieved in 1868, or 20 per cent. of the population; and this was an alarming state of things. He observed that there was an intimate connexion between medical relief and pauperism; and he was not quite sure whether the absolute right to receive it did not tend to destroy self-reliance and self-respect. Mr. Goschen said that the Poor-law Board was fully alive to the alarming extent of pauperism which existed at the present moment, and to the increased expenditure. It was, however, most important not to exaggerate the evil. In the counties, pauperism had generally decreased, but in London the paupers had congregated, partly, no doubt, on account of legislation, which had enabled the labourer to leave those districts when there was no demand. The greatly increased expenditure was due to public opinion, which was not satisfied with the workhouse treatment. With respect to the sick, Mr. Goschen said that they should undoubtedly be treated with humanity whenever they became paupers; but as regarded both sick and aged, it would be striking at the root of independence if they were to maintain that relief should be regarded as a right. If the State were to accept the responsibility of supporting every poor person who had arrived at a certain age, or had fallen into a certain state of health, the main inducement for joining benefit societies, &c., would be destroyed. Sir Matthew Hicks Beach said that the able-bodied had been turned out of the workhouses to make room for the sick. He thought the sick wards should not be made too comfortable; and he quoted those of Marylebone as affording to the poor a most agreeable contrast with the squalid houses in which they usually live.

THE EXTENSION OF THE CONTAGIOUS DISEASES ACT.

A MEETING of the General Committee was held at the house of Mr. Mitford, M.P., Cavendish-square, on Thursday afternoon. The report of the Sub-Committee stated that influential meetings had recently been held in favour of an extension of the Act in Birmingham, by the leading clergy and the Bishop of the diocese at Bristol; also at Reading, Newcastle, Dublin, Gloucester, Winchester, Gravesend, Bath, Cheltenham, and many other places. Memorials with the same object in view have been prepared by the municipal bodies of various towns, and, amongst others, by the Mayor, the Chairman of the Health Committee, and the Town Council of Liverpool. The Chairman expressed his regret that the promise recently given on behalf of the Government, to legislate on the matter this year had been broken. Lord Lifford and Sir John Simeon were then added to the Executive Committee; and it was decided to prepare fresh memorials to, and seek for an interview with, the Government on the subject. The Executive Committee was empowered to draw up a report of the present state of the working of the Act for general circulation, if desirable, and to take steps to lay all necessary information before the Select Committee which would be appointed by the House of Commons at the request of Mr. Bruce.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE annual meeting of this Society was held at 53, Berners-street, on the 28th ult., Thomas Hammerton, Esq., V.P., in the chair.

At the meeting, Henry Sterry, Esq., was elected a Vice-President, and the following gentlemen Directors—namely, Nathaniel Grant, M.D., Francis Bisset Hawkins, M.D., Henry Pye L. Drew, Esq., Erasmus Wilson, Esq., James Hinton, Esq., and Frederick George Reed, M.D.

The statement of accounts read showed a total of £2504 10s. granted in relief during 1868: an increase of £261 over that of the preceding year. At the end of the year, 52 widows and 27 children were receiving relief, in sums of £50 to £20 per annum for widows, and of £25 to £5 per annum for the children. During the year 6 widows and 11 children had been adopted; 6 widows receiving grants had died, and 2 children had become ineligible.

The Secretary stated that already during the present year applications for assistance had been received from 5 widows and 18 children.

The meeting was brought to a close by a unanimous vote of thanks to the Court of Directors for their trouble and zeal in managing the affairs of the Society.

THE FATAL RAILWAY COLLISION AT THIRSK JUNCTION.

WE have received some few particulars of the injuries received by the sufferers in this accident. By some as yet unaccounted for mishap, the Scotch express running up to London, and arriving at Thirsk Junction about 3.40 A.M., was, on Sunday morning last, turned on to a siding where a luggage train was standing. The engine was turned on its side, and buried in the embankment, the guard's box of the luggage train (as well as the one of the express which was next the engine) was completely shattered, and the two first passenger carriages of the express much damaged and broken, especially in the end compartment. The wreck of the end of the luggage train was complete, and the scene presented one of indescribable confusion. The passengers (it being Sunday morning) were luckily small in number,—probably about fifteen or sixteen; and of these many escaped uninjured. The driver, stoker, and guard of the express are among the list of wounded.

The injured people were conveyed to the Thirsk Junction Hotel (close by the station), where prompt surgical assistance was rendered from the neighbouring town of Thirsk, and by the North-Eastern Railway Company's surgeons at York. All but one of the sufferers were conveyed, a few hours after the accident, to the last-named city,—though upon what principles of surgical experience we are at a loss to understand, especially as regards the fracture cases, and the punctured wound of the lung.

The following is a list of the principal sufferers, with particulars as to their injuries and their progress, as far as we have been able to ascertain:—

Mr. John Easton, banker's clerk, of Glasgow: A compound fracture of left leg, with considerable protrusion of lower fragment of tibia. Great shock to system. Died at York on Monday, the 10th, having gradually sunk.

— Nimmo, sen., a very stout, heavy man, a guard on the North British line of railway, but travelling off duty: Fracture of right humerus; comminuted fracture of right femur. In the General Hospital at York. Progressing favourably.

— Nimmo, jun., son of the above: Fracture of middle third of right femur; comminuted fracture of right humerus, extending into elbow-joint, and combined with dislocation of radius and ulna; severe sprain and bruising of muscles of left forearm; contusion of sternum, &c. Considerable amount of shock to system. This patient had to be sawn out from the *débris*. He remains at Thirsk Junction, and we are glad to hear is progressing favourably.

The stoker of the express: Fracture of ribs on left side, with hæmoptysis. Going on well, but not out of danger.

The driver of the express: Scalp wounds, &c.; compound comminuted fracture of forefinger of left hand.

The guard of the express: Suffering from general concussion; abrasions of face, hands, &c., from broken glass.

One lady passenger had slight concussion of the brain, &c., but was able to proceed on her journey to town on the day but one after the accident.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentleman passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 11th inst.:—

W. W. Dove, G. E. Cheyne, Cleland Lamminman, Edwin Barnes, Charles Grimes, J. F. Weatherhead, E. A. Firminger, and J. H. T. Penkivil, of St. Bartholomew's; Benjamin Tubb, C. S. Ticehurst, H. E. Waddy, H. J. Hibberd, and E. G. Younger, of Guy's; J. H. More, J. J. Barnes, Edmund Lee, and R. T. Parkinson, of Manchester; A. J. England and Robert Adams, of University College; H. M. Kemmis and M. J. Kelly, of Dublin; R. W. Parker, of St. Thomas's and London; C. S. Charlesworth, of Leeds; J. A. Cowan, of Edinburgh; J. G. Mainwaring, of Birmingham; James Bullpit, of London; J. G. Purcell, of Dublin and Manchester.

The following passed on the 12th inst.:—

R. H. Hutchings and T. H. B. Rodwell, of Guy's; Jeremiah Doyle, H. T. Jones, and H. J. Saunders, of Dublin; G. D. Beadwell, A. J. Owen, J. E. Gabb, and Robert Gibbs, of St. Bartholomew's; T. Scoresby-Jackson and W. H. Higgins, of Edinburgh; S. R. Phillips, of Westminster; James Tomlins, of Manchester; Geo. Berry, of St. Thomas's; W. F. McBrien, of Toronto; G. M. Cole, of St. Mary's; W. F. Terry, of New York.

Of the 58 candidates who were admitted to examination on the 11th and 12th inst., 14 failed and were referred for three months' further anatomical and physiological study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 6th:—

Anderson, Richard Benjamin, Theddlethorpe.
Cuffe, Alfred Gordon, Haverstock-hill.
Haynes, Horace Eyre, Evesham.
Lucas, Robert Harry, Burwell, Cambridgeshire.

As Assistants in Compounding and Dispensing Medicines:—

Goodwin, Felix, Crowland, Lincolnshire.
Gudgen, Frederick George, Kimbolton, Hunts.
Ward, John Slinger, Stockton-on-Tees.

The following gentlemen also on the same day passed their first examination:—

Matthew Septimus Allen, of the Birmingham General Hospital; Charles Allwork, of Guy's Hospital.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—A meeting of this Association will be held this day (Saturday), May 15th, at half-past seven P.M., when Dr. B. W. Richardson, F.R.S., will read a paper "On the Registration of Disease in England."

The mortality in the borough of Birmingham last week was at the remarkably low rate of 16 deaths annually to every 1000 of the population.

A FEMALE EXAMINING PHYSICIAN.—The New York papers state that "Dr." Adelaide Grennan, of St. Louis, has been appointed examining physician of the Homœopathic Mutual Life Insurance Company of New York—the first appointment of the kind ever made.

THE ARMY MEDICAL DEPARTMENT.—The following circular has been issued:—"With a view to remove all misapprehension regarding the medical treatment of soldiers while in the service, or about to be invalided, it is to be clearly understood, by every medical officer in the army, that no measures are to be resorted to in any case with any other view than the treatment of the malady. The measures adopted must be such only as would be had recourse to in similar cases by physicians and surgeons practising in civil life."—T. G. LOGAN, Director-General.

DR. MATTHIESSEN, since his removal to St. Bartholomew's Hospital, has continued his researches on the Opium Bases in conjunction with Mr. Wright, and we are glad to hear that recent experiments have led to a remarkable discovery, which is likely to have important therapeutic applications. We are informed that these chemists have succeeded in obtaining a new base, which has the com-

position of morphia, *minus* the elements of one molecule of water, and which produces striking physiological effects. It appears that this new base is absolutely devoid of narcotic properties, and that it is a most powerful emetic and contra-stimulant. When it is said that one-tenth of a grain subcutaneously injected will produce violent vomiting in about five minutes without evil after-effects, we may fairly conclude that this new body will prove a valuable addition to our materia medica. We understand that Dr. Gee is carefully studying its physiological effects. According to all accounts, the emetic properties of the new base were so evident, that the investigators were soon sick of handling the substance. Surely it ought to be named "catamorphia." *Chemist and Druggist.*

CHARING-CROSS HOSPITAL DINNER.—A festival dinner in aid of the funds of the hospital was held on Wednesday evening at Willis's Rooms, W. H. Smith, Esq., M.P., in the chair. The attendance was unusually large, the largest room at Willis's being quite crowded when all had sat down to dinner. His Grace the Duke of Wellington was present during the greater portion of the evening, but was compelled to retire at a somewhat early period. The local bankers proved especially liberal on the occasion, and others backing them up heartily, a sum of more than £2500 was collected before the dinner was finished, and to this there will, no doubt, be still other additions. Very few institutions, started so recently as this, have been able to do so much good in such an economical manner, and so as to acquire for itself a considerable funded capital. Nevertheless, the sum just received will be most welcome to the managers, and will enable them to carry out many needful improvements.

Dr. GREEN has been recommended for appointment as assistant-physician to the Charing-cross Hospital. He has not yet been actually appointed, though there is very little doubt he will be. A physician to the Skin Department, vice Dr. Tilbury FOX, will, it is expected, be appointed in about a fortnight.

Obituary.

DR. JAMES JOHNSTONE, F.R.C.P.

WE have to record the death of Dr. James Johnstone, who died at Leamington on the 11th instant, in his 64th year of age. Dr. Johnstone was at the time of his death Consulting Physician to the Birmingham General Hospital, with which institution he had been connected for more than thirty-five years, during thirty-one of which he was one of the acting physicians. For several years he filled the chair of Medicine in the Queen's College, and was President of the British Medical Association on the occasion of its last visit to Birmingham, an office which his father had filled as the first President. Some two years ago Dr. Johnstone retired from practice, and left Birmingham, to reside at Leamington. By his death the Midland district loses the last of a distinguished family of physicians, who have practised in Birmingham, Kidderminster, and Worcester for nearly a century and a half; and the Birmingham General Hospital, for the first time in its history, finds itself without a Johnstone on its staff. No member of the profession was ever more generally respected, both by his medical brethren and the public, than Dr. Johnstone. In his time he was an ardent cultivator of medical science, as his work on the "Phenomena of Sensation," published in 1846, and his smaller volume on "Materia Medica" (1835), testify.

Medical Appointments.

ADAM, C., M.B., late House-Surgeon to the Northern Infirmary, Inverness, has been appointed House-Surgeon to Gray's Hospital, Elgin, vice R. W. Ceely, M.R.C.S.E., resigned.

ALDIS, C. J. B., M.D., has been appointed a Consulting Physician to the South-Western Provident Dispensary.

BOSTOCK, A. S., M.R.C.S.E., has been appointed Assistant-Surgeon to the Hospital at Trinidad, West Indies.

BROWNFIELD, M., L.R.C.P.L., has been appointed Medical Officer for the Middle (new) District of the Poplar Union.

CASS, W. C., M.R.C.S.E., has been appointed an Attending Medical Officer to the South-Western Provident Dispensary.

CHRISTOPHER, W., M.R.C.S.E., has been elected Medical Officer for the East Budleigh District of the St. Thomas's Union, Devon.

COOKE, L. R., M.R.C.S.E., has been appointed an Attending Medical Officer to the South-Western Provident Dispensary.

CROTTY, R. S., L.R.C.P.Ed., Assistant House-Surgeon, has been transferred from the North to the South Dispensary, Liverpool.

DAVIDSON, A., M.B., has been appointed Assistant-Physician to the Children's Infirmary, Liverpool.

DRURY, C. D. H., M.B., C.M., has been appointed House-Surgeon to the Bishopwearmouth Infirmary and Dispensary, Sunderland, vice R. A. Smith, L.R.C.P.Ed., resigned.

ERSKINE, R. B., M.D., has been appointed Medical Officer for the Parish of St. Quivox, Ayrshire, vice W. M'G. Burns, L.R.C.P.Ed., resigned.

FLEMING, T. H., M.D., has been appointed Medical Officer for District No. 7 of the Bath Union, vice Hinton.

HAMMOND, W., M.D., has been appointed a Medical Officer of the Brechin Infirmary.

HUDSON, R. S., Queen's Univ. Irel., has been appointed Assistant House-Surgeon to the Royal Albert Hospital and Eye Infirmary, Devonport.

JONES, L., L.R.C.P.Ed., has been appointed Medical Officer for the Anglesey District No. 2 of the Bangor and Beaumaris Union, vice D. Wynne Williams, M.D., elected, but declined to serve.

KELLY, E. J., L.K.Q.C.P.I., has been appointed, temporarily, Medical Officer for the Mount Bellew Dispensary District and the Workhouse of the Mount Bellew Union, Co. Galway, during the absence of Dr. Greares,—absent, on leave, to recruit his health.

KING, T. E., M.D., has been appointed Junior Assistant-Physician to the Royal Edinburgh Asylum for the Insane, vice T. J. Colman, M.D., resigned.

LLOYD, Mr., has been appointed Dental Surgeon to the Northern Hospital, Liverpool.

LOVEJOY, W. H., F.C.P. & S. New York, has been appointed Consulting Dentist to the South-Western Provident Dispensary.

LYNN, ROBERT KERRISON, A.B., M.B. Trin. Coll., Dub., F.R.C.S. Irel., has been appointed Physician to the County Sligo Fever Hospital, vice Travers Homan, M.D. Edin., deceased.

MACKIE, J., L.R.C.S.Ed., has been appointed a Medical Officer of the Brechin Infirmary.

MACKIE, J., jun., M.D., has been appointed a Medical Officer of the Brechin Infirmary.

MACPHERSON, S. H., L.F.P. & S. Glas., has been appointed House-Surgeon to the Wallasey Dispensary, Egremont, Cheshire, vice A. H. Churchill, M.R.C.S.E., resigned.

MASON, M. G., L.R.C.P.Ed., has been appointed an Assistant House-Surgeon to the South Dispensary, Liverpool, where he has for some time been acting as *locum tenens*.

MAY, H., L.R.C.P.L., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

MORRISON, J. H., M.D., L.R.C.S.E., has been appointed Medical Referee to the British Universal Life Assurance Company for Lewes.

MORTON, T. H., M.R.C.S.E., of Brightside, has been appointed a District Surgeon for the Manchester, Sheffield, and Lincolnshire Railway Company.

OWEN, D. C. L., M.R.C.S.E., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

PATRICK, R., M.R.C.S.E., &c., has been appointed Honorary Medical Officer to the Bolton Infirmary, vice Livy, M.D., resigned.

PAYNE, J. F., M.B., has been appointed Assistant-Physician to the Hospital for Sick Children.

PICK, T. P., F.R.C.S.E., has been appointed a Consulting Surgeon to the South-Western Provident Dispensary.

PORTER, J., M.R.C.S.E., has been appointed Physicians' Assistant at the Royal Infirmary, Manchester, vice S. J. Truman, L.R.C.P.L., appointed House-Surgeon and Apothecary to the Lincoln General Dispensary.

POTTLE, E. G., L.R.C.P.Ed., has been appointed Medical Officer for the Whitecross-street District of St. Luke's Parish, vice Robert Bruce, L.R.C.S.Ed., resigned.

REDMAYNE, Mr., M.R.C.S.E., has been appointed Assistant House-Surgeon to the North Dispensary, Liverpool, vice R. S. Crotty, L.R.C.P.Ed., transferred to the South Dispensary.

RIDLEY, J., L.K.Q.C.P.I., has been appointed Assistant House-Surgeon to the East Dispensary, Liverpool, vice Packenham.

RINGER, S., M.D., has been appointed a Consulting Physician to the South-Western Provident Dispensary.

RUSSELL, A. J. F., L.K.Q.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Whitwell District of the Worksop Union, Notts, vice J. Royston, M.R.C.S.E., resigned.

THOMPSON, Mr. W., of Peterborough, has been appointed Medical Officer for the Farcet District of the Peterborough Union, and a Public Vaccinator, vice J. W. Pearce, deceased.

VINRACE, J., M.D., has been appointed a Surgeon to the Cannon-street Male Adult Provident Institution, Birmingham.

WELLS, T. S., F.R.C.S.E., has been appointed a Consulting Surgeon to the South-Western Provident Dispensary.

[ERRATUM.—In the announcement last week of the appointment of Mr Stubbs (p. 661), *for* "Warwickshire" *read* "Worcestershire."]

Births, Marriages, and Deaths.

BIRTHS.

COWAN.—On the 12th inst., at Musselburgh, N.B., the wife of Michael W. Cowan, M.D., Surgeon R.N., of a son.

GOWING.—On the 11th inst., at Daventry, the wife of B. C. Gowing, M.R.C.S., of a daughter.

LAMB.—On the 7th inst., at Birkenhead, the wife of J. Lamb, M.R.C.S.E., of a daughter.

ROBSON.—On the 11th inst., at Great Marlborough-street, the wife of Hope F. A. Robson, M.D., of a son.

SHARP.—On the 5th inst., at Truro, the wife of E. Sharp, M.R.C.S.E., of a son.

TYLECOTE.—On the 10th inst., at Sandon, Staffordshire, the wife of J. H. Tylecote, M.D., of a son.

MARRIAGES.

GILLESPIE—FREETH.—On the 3rd ult., at St. Paul's, St. Helena, Franklin Gillespie, M.D., Staff Assistant-Surgeon Army, to Harriet Eliza Phillis, daughter of Colonel Sampson Freeth, Royal Engineers.

WERRY—LA FONTAINE.—On the 27th ult., at Smyrna, Augustus Werry, M.D., to Fanny, daughter of Frederick La Fontaine, Esq., Director of the Imperial Ottoman Bank.—No Cards.

DEATHS.

GIRDWOOD.—On the 5th inst., Gilbert Finlay Girdwood, M.D., of Howley-place, Maida-hill, aged 67.

EDWARDS.—At Poverty Bay, on his way to join the Field Force in New Zealand, G. A. M. Edwards, M.R.C.S.E., aged 37.

M'CORMICK.—On the 10th inst., J. V. M'Cormick, M.D., of Talbot-road, Bayswater, aged 48.

MOFFAT.—At Graham's-road, Falkirk, Stirlingshire, Robert, youngest son of Robert Moffat, M.D.

ROGERS.—On the 8th inst., Newcome Rogers, M.R.C.S.E., of Bowden, Cheshire, aged 55.

SIMPSON.—On the 2nd inst., Herbert Willmott, youngest child of Henry Simpson, M.D., of Manchester, aged 14 months.

Medical Diary of the Week.

Monday, May 17.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, May 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Grant, "On Astronomy."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. Hodder M. Westropp, "On the Mythic Age."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, May 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, May 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Light."

Friday, May 21.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—8 P.M. Prof. Jenkin, "On Submersion and Recovery of Submarine Cables."

Saturday, May 22.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Seeley, "On Roman History."

Notes, Short Comments, and Answers to Correspondents.

SPIRITS *versus* MEDICINE FOR PAUPERS.

SOME sapient members of the Bridgwater Board of Guardians have been proposing to disallow spirits to the paupers, even on the order of the medical officer. Doubtless these guardians would prefer that the paupers took any amount of physic so long as it came out of the doctor's surgery and pocket. It is only fair to the Board to say that such interference with the doctor's prerogative found little countenance, and the matter dropped without any specific resolution being passed.

An Army Surgeon.—The statement is untrue. Surgeon-Major Wyatt, we believe, is at Cannes at the present time.

Dr. Edwin Payne's paper on "Drug Action" shall appear next week.

CERTIFICATES OF CAUSES OF DEATH.

WE noticed last week a printed form of certificate which had been sent to us by Mr. Dyte, and which, inasmuch as it was framed upon a former suggestion of our own, we recommended for general adoption by the profession, because it seemed to us that it would put an end to the difficulty practitioners now frequently have of using the Registrar-General's form for certifying causes of death, in regard to which they are only secondarily cognisant of certain particulars. We have since been informed that a new instruction from Somerset House has this year been issued to registrars of deaths, requiring them in all cases where a medical practitioner does not take upon himself the responsibility of certifying "*as a fact personally known to him* either the *date* of the death, or the *place*, or the cause of death, but merely that he is *informed* of the event or particulars mentioned, or that he *believes* the same to be true," to insert the cause of death as stated, and to write "Not certified" against it. According to this instruction, the provision which we originally contemplated, and which Mr. Dyte's form exactly meets—namely, that of enabling a medical practitioner to show precisely what particulars of a death are within his own knowledge, and what others he states at second-hand,—will, whenever acted upon, have just the effect of swelling the number of entries in the registers recorded as "Not certified." So that a medical man may have been attending a patient for a disease about which there is no doubt, and of which a speedily fatal termination is certain; he may not have been present at the death, nor have seen the patient for two or three days before it occurred; he may receive intimation of the death from the nurse of whose veracity he has no doubt; he wishes therefore to certify *absolutely* that he *was* in attendance at a given time, that the cause of death *was* so-and-so, and that he *believes* the death took place at a given time and place. If he words his certificate in this wise, using one of Mr. Dyte's forms, or altering the Registrar-General's form to make it tell the whole truth, the "*cause*" from which the death is explicitly declared to have happened is registered as "Not certified." To our minds this is most unsatisfactory, because a retrogressive step. We cannot help thinking that medical men will be inclined to ask themselves of what use is it for them to take the trouble to give certificates of causes of death if these certificates are to be treated as nullities. Practitioners can hardly be blamed if they see in this new regulation an attempt to coerce them into accepting a responsibility not contemplated under the terms of the Registration Act. All that can legitimately be asked of unpaid medical men is that they should certify *causes* of death, and not that they should be held responsible for verifying the *fact* of death—a duty which belongs exclusively to the paid registrar.

A Constant Reader.—Our correspondent should follow the advice of his medical attendant. *We* do not see any objection to the course proposed. There need be no alarm whatever.

Physiologist, (Liverpool.)—The subject shall receive consideration next week.

LIVERPOOL INFIRMARY FOR CHILDREN.

To the Editor of THE LANCET.

SIR,—I regret to observe that your "own Liverpool correspondent" has this day been guilty, if not of wilful *discourtesy* to myself personally (which would, indeed, be a small matter so far as I am individually concerned), assuredly of a breach of loyalty to the sacred principles of truth and justice, by gratuitously, or erroneously, *misleading* your readers with his professional sins of omission or commission, as the case may be. For example, he states, *inter alia*, that some interest was excited in the election of an honorary surgeon to the new Children's Infirmary in this town, owing to "two homœopaths" (*sic*) coming forward to contest this vacant office, and that "Dr. Hitchman, the other homœopathist, did not go to the poll"! In simple fairness to an old and constant reader, permit me to undeceive your "own Liverpool correspondent," in common with others, by publicly stating, in correction of his *offensive* remarks, that I am neither "a homœopath," "an allopath," nor a "hydropath," but a medical practitioner of independent scientific opinion, who believes, from adequate experience, that there is good in all "*systems*," and exclusive adaptation, or practical value, under every conceivable emergency, in *some!* And on these grounds *alone* did I offer my humble services in the capacity of an honorary surgeon to the Liverpool Infirmary for Children, many of whose chief benefactors, as well as largest subscribers, I have the pleasure to know as intimate personal friends.

Ars medica est tota in observationibus.

Your obedient servant,

Liverpool, May 8th, 1869. WILLIAM HITCHMAN, M.D.

*** Having forwarded a copy of the above letter to our Liverpool correspondent, he, in reply, remarks:—"It is strange that Dr. Hitchman should consider it offensive to be called a homœopath, when, from his own admission, he gives as much support to that 'pathy' as he does to allopathy and hydropathy. Dr. Hitchman has countenanced, encouraged, and practised homœopathy to such an extent that he is looked upon by the profession in Liverpool as a homœopath. Dr. Hitchman endeavours to draw a distinction between practising homœopathy and being a homœopath—a distinction, however, in which your readers will fail to see a difference."

M.B.—We do not see that any good can come from a prolongation of the discussion on the point referred to by our correspondent. It does not necessarily follow that our opinion is not "impartial" because it happens to be different from that of other persons.

J. P.—The works of Galloway, Roscoe, or that belonging to Messrs. Chambers' educational series.

M.R.C.S. is not eligible for the appointment. The L.S.A. is necessary.

WET-NURSES IN FRANCE AND ENGLAND.

INFANT mortality has been proved to be so heavy in France that the Academy of Medicine has framed, and will submit to the authorities, certain regulations respecting hired wet-nurses. It is customary, especially in Paris, to send infants into the country when a few days old to be wet-nursed, and regular offices have been opened where nurses and parents may apply. But so much neglect, so many irregularities, so much deceit on the part of the women, have been discovered, that, to protect the infants, the Academy proposes very stringent regulations. Among these are certificates of health by qualified medical men; proof that the nurse's child is dead, or is *five months old*, or has been entrusted to *another wet-nurse*. She must not take charge of more than one infant, will be watched by the authorities of the village she inhabits, &c. &c. To these regulations are appended instructions to the wet-nurse as to the hygiene of the suckling and her own. These instructions are got up with great care, and might be of use even to mothers who nurse their own children. In England wet-nursing is not so extensively practised as in France; but, from various causes, infants are sometimes deprived of their mother's milk. It may be asserted that the system of advertising or choosing wet-nurses either in workhouses or lying-in hospitals does not afford a satisfactory guarantee as to the character and health of the wet-nurse. No doubt medical men are often called upon by families to ascertain the nurse's state of health; but with neglectful people, and among the indigent classes, the proper precautions are not always taken. Some enactment might perhaps regulate these matters.

M.R.C.S. Eng.—It is possible that the chemist in question might be held guilty of a breach of the Medical Act in using the title "Assistant-Surgeon;" but this is very doubtful. Much would depend on the views and temper of the magistrate. We should not advise prosecution. The Medical Act leaves the art of accouchement to anybody that likes to practise it.

A Student.—Evidently a job.

THE communications of *Dr. J. M. Stuart-Munro* and *Mr. S. M. Bradley* are in type, and shall appear in our next impression.

APPEAL TO THE BENEVOLENT.

THE widow of a member of our profession has recently, by the death of her son, been deprived of all means of support. Her husband was for long engaged in active practice in a country district in Norfolk, where he was able to make a certain amount of provision for the future. Through an event over which he had no control, his savings were, however, entirely lost. Her son, also a surgeon, subsequently maintained his widowed mother, and to a considerable extent a sister also. The death of this son, six months ago, has left the widowed lady, now advanced in years, wholly without means of subsistence. Her friends hope to obtain for her a small annuity, and thus qualify her for admission into the Medical Benevolent College, to which they hope subsequently to obtain her election.

Believing that the case is one which commends itself to the benevolence of our profession, we whose names are undersigned venture to make this appeal.

We shall be glad to receive donations of money or promises of votes, and shall be happy also privately to give any further information that may be wished.

(Signed)

ANDREW CLARK, M.D.,
23, Montagu-place, W.C.
JONATHAN HUTCHINSON,
4, Finsbury-circus, E.C.
EDWIN LANKESTER, M.D., F.R.S.,
Coroner for Middlesex.

Student, (Sheffield.)—We hardly think it would improve the position of "Studens" if we were to publish the letter as written. The students of Sheffield may rest assured that no offence was intended by our correspondent.

Mr. T. M. Parrot, (Enfield.)—Certainly, if short.

Dispenser must pass the examination of the Pharmaceutical Society. No dispensers are at present required, we believe, in the services to which our correspondent alludes.

Nemo, (St. Mary's Hospital.)—Yes, during the winter session.

PUTTING THE WORK OUT.

To the Editor of THE LANCET.

SIR,—Can you inform me if we have power to prosecute an unqualified person for accepting an appointment as surgeon to a colliery? If not, of what use is the five-guinea registration? What protection does it afford us against the inroads of such men? That we should have power to remove unqualified men is clearly shown in the following case:—

A man in this neighbourhood has received the appointment of surgeon to a colliery at a fixed salary per annum. On Thursday last one of the miners broke his leg. This individual was sent for; but from his inability to reduce and put up the fracture, the man was placed in a waggon, and carried to the infirmary, ten miles *off*. I inquired if this was customary, and I was told by the officials that as the medical officer has acknowledged his inability to treat difficult cases, all such are at once sent to the infirmary.

Is it not a monstrous cruelty that these poor creatures should be hurled a distance of ten miles simply because the appointed medical officer states that he is not competent to treat severe cases? Cannot the law stop him, and enable us to remove him?

I am, Sir, your obedient servant,

Barnsley, May 5th, 1869. JOSEPH MORRIS, M.D., M.R.C.S.

*** The Medical Act, clause 36, prohibits unregistered persons from holding certain appointments; among others, that of medical officer of health to "any Friendly or other Society for affording mutual relief in sickness, infirmity, or old age." This restriction does not, it would seem, apply to private Companies.—ED. L.

THE CONTAGIOUS DISEASES ACT.

THE Act has been in operation in Calcutta since the 1st of April in the present year. There are certain special difficulties in the way of its complete enforcement in Indian cities, dependent upon long-existing prejudices of the people, which at first sight would seem to be insuperable, but which are found finally to be overcome by perseverance. "In Madras, for example," says the *Overland Summary*, "a large number of loose women are attached to the pagodas, and controlled by the Brahmins of the church. On this ground they claimed exemption; but it was fortunate they did not gain it, for it was found necessary to send fully three-fourths of them to the Lock Hospitals. In Lucknow, Delhi, Agra, and other military stations, the measure, after a time, has worked smoothly and with most marked results, and the Act has been more needed in Calcutta than in any other city in India, chiefly on account of the number of sailors frequenting the port, the statistics of disease among whom, as collected by Dr. Norman Chevers some four years, led to the passing of the Act."

Mr. Taylor.—1. The additional note shall be made to the paper.—2. It would be impossible to carry out our correspondent's suggestion, owing to the number of articles.

W. B., (Liverpool.)—The Medical Act does not apply to the case. Bring the matter before a magistrate, by which means the quack would be exposed.

Lynxi should communicate with the authorities of the Lock Hospital on the subject.

Dr. W. MacCormac.—The matter shall be noticed next week.

BONE-SETTERS.

To the Editor of THE LANCET.

SIR,—Can you or any of your numerous readers suggest a remedy for the annoyance caused by men who are called "bone-setters"?

Two months ago I was sent for to see a poor woman, who had just received an injury to her shoulder, caused by direct violence. She imagined her shoulder was out of place. I examined it carefully, but found no dislocation. My diagnosis was that it was one of those tedious cases probably caused by rupture of some of the fibres of the deltoid, and perhaps slight laceration of the capsular ligament as well. I ordered her to keep her arm in a sling, and apply some lead lotion to her shoulder, which felt hot and painful. My father saw her a few days afterwards, and corroborated my diagnosis. After about ten days I found her shoulder less painful; but she was still unable to move it much from her side without help. I ordered her to begin and use it gradually. She, however, made but slight progress, and, without telling me of her intention, consulted a herbalist in this locality, who advised her to lose no time in consulting the great "bone-setter" at Watford, to whom she accordingly went. He told her it was a pity she had been so long neglected; that her thumb, two bones in her wrist, her elbow, and her shoulder were all out, and pretended to replace all but her shoulder at once, leaving the latter for a future occasion. Of course (such is the ignorance of the poor) the woman believes him, and declares she both felt and heard them go in. She cries him up as a very wonderful man, blaming me not so much for ignorance as for concealing the fact of a dislocation from her, owing, as she says, from inability to treat her properly.

I have no doubt many of your provincial readers are occasionally subjected to annoyance of a similar nature. I presume the only thing to be done under the circumstance is to put up with the annoyance.

I am, Sir, yours truly,

OSWALD H. FOSTER, M.A., M.B. Cantab.

Bancroft, Hitchin, May 8th, 1869.

*** Such cases are very annoying to members of our profession. We see no other cure for the evil but the spread of education; and at the rate at which that progresses in this country, bone-setters and persons of a similar class are pretty sure of being employed for some years to come.—ED. L.

BUTTER *versus* GREASE.

IT is, no doubt, scandalous that the public should be supplied with the nasty grease which is often sold under the name of butter, and which contains about one-third butter and two-thirds of fatty matter obtained from various sources. It is not pleasant, to say the least, to "grease" one's bread after this fashion.

Inquirens.—The guardians could appoint our correspondent with the consent of the Poor-law Board, and we think should do so.

A QUESTION IN MEDICAL JURISPRUDENCE.

To the Editor of THE LANCET.

SIR,—Questions of medical deontology are, if I mistake not, seldom discussed in your widely circulated journal. Doubtless you have a good reason for this. May I, nevertheless, venture to invite opinions on the following facts. In the Divorce Court, the other day, a wife was found guilty of adultery, she having miscarried while her husband was in India. The fact of the miscarriage was sworn to by the medical man who attended her.

I do not wish to offer any comments on the case; but I would like to hear what yourself or correspondents have to say on the following questions:—A member of our profession attends a case of miscarriage. Can he refuse to give evidence on the matter? Is he liable to any penalty for such refusal?

Your obedient servant,

May 10th, 1869. CHIRURGUS.

*** Our opinion is that he could not refuse to give evidence in a court of law; but nothing short of the claims of public justice would warrant the divulgence of such professional secrets.—ED. L.

THE letters of *W.*, of certain correspondents from Bath, *M.D.*, *A Constant Subscriber*, &c. &c., shall receive attention in our next number.

Dr. T. Clifford Allbutt.—Yes.

A Lay Reader should write to the gentlemen mentioned, and inquire if the use of their names is sanctioned by them. Our correspondent would oblige by forwarding us the replies.

NUTRITION.

Chemicus has not been keeping himself *au courant* with the discoveries of the age. From the recent results obtained by experimentalists, new ideas have been started about the destination of food. According to Liebig's theory, the non-nitrogenised principles were classified as heat-producing agents; whilst the nitrogenised were looked upon as concerned not only in the maintenance of the tissues, but the performance of muscular work. It was thought that muscular action involved muscular oxidation or destruction, and that a supply of nitrogenised matter was required to repair the loss. The modern researches of Fick, Wislicenus, and others not only throw doubt upon, but stand in opposition to the validity of this view. It would seem from these researches that muscular power, instead of being derived from a change in the muscle itself, is due to an oxidation of the non-nitrogenous principles supplied with the food, and hence that these not only contribute towards heat production, but likewise the generation of muscular force.

Mr. S. Langley.—We do not know of any book that will supply the required information. The tendency of modern research has been to show that the eyes do not suffer from *overwork*, unless they have some optical or structural defect, and then this defect would itself be the matter for diagnosis and treatment. The whole of the questions bearing upon the subject have been very recently investigated, and with such results that old books have been rendered almost useless; while modern science has not yet found any adequate expression in a form available by non-professional persons. A work on the Use and Preservation of the Eyesight is announced by Messrs. Longmans, and will probably soon be published.

Mr. Alfred W. Moore will find that we have extracted the chief points in his article.

F.R.C.S., (Bedale.)—The charge seems to us quite reasonable, and one that can be justified in a court of law.

DRAINAGE OF ST. LEONARDS-ON-SEA.

To the Editor of THE LANCET.

SIR,—Having read your article in your impression of the 1st instant on the "Drainage of Brighton," I hope you will permit me to remind you that here at West St. Leonards the public can now enjoy a breath of wholesome and invigorating air, as well as a bathe in pure sea-water upon an undefiled sea shore. St. Leonards has no cesspools, and but one outlet, from which, twice in the twenty-four hours, the entire sewage of the small township of St. Leonards proper is carried on the ebb tide miles away to sea. Mr. Bazalgette, the eminent engineer, originated these plans; they have been in operation now nearly two years, and they answer perfectly. As they give to St. Leonards those advantages of a perfectly clean beach and pure sea which you desire Brighton to possess, I trust you will consider St. Leonards entitled to some praise for the example she has set in entrusting such important works to one of the first engineers of the day, and will not object to give St. Leonards the benefit of your encouragement.

I remain, Sir, yours faithfully,

St. Leonards-on-Sea, May 7th, 1869. J. ALTON HATCHARD.

*** We have already acknowledged and described the success of the Hastings and St. Leonards system of drainage, although the sewage is at present wasted by being turned into the sea. We may hope some day to see it utilised.—ED. L.

Dr. Sheen, of Cardiff, requests us to state that he is not a district medical officer of the Cardiff Union; and that although Dr. Paine was reported to have sent a copy of the proceedings of the Cardiff guardians to the Poor-law Board, he has not yet done so.

Ichthyosis, or Fish Skin.—The disease is remediable. Consult some registered practitioner, and be guided by his advice in the matter.

VULGARITY OF ANNOUNCEMENT.

WE cannot find room for the samples of vulgar puffing which are sent to us, and which are in the last degree undignified and discreditable to our profession. Now it is a prodigious obstetrician who delivers twins or triplets without the mother or child being killed; now the admiration of a local public is concentrated by the local newspaper upon a surgeon who has removed a leg in a minute and a half without any pain to the patient, the patient, of course, being under chloroform; and now it is a promising young man, fresh from the recent examination in the University of Glasgow, who has passed "his final examination with the greatest success, though during the last session he has been kept from his studies for nearly three months by illness." The unsatisfactory thing about these puffs is the internal evidence they contain of having been inspired by the prodigy of skill or learning who is bespattered with such vulgar praise. Why cannot men trust a little more to the quiet but certain influence of good practice?

NEWINGTON GUARDIANS AND PAUPER LUNATICS.

A CORRESPONDENT has sent us an extract from the *South London Press*, referring to this subject. We must defer our comments thereon until next week.

T. M. is thanked for his communication. The subject shall not be overlooked.

L.M. Dublin.—This is a vague description. If the licence is from one of the bodies recognised in Schedule A of the Medical Act, Yes; at least eminent counsel have given opinion to this effect. If the licence is from the Rotundo Hospital, it is not registerable.

South Northumberland.—Lord Townshend's Vaccination Acts Amendment Bill applies to town and country districts alike. The objection raised is a serious one.

COMMUNICATIONS, LETTERS, &c., have been received from — Baron Liebig, Munich; Dr. Brown-Séquard, Paris; Professor Humphry, Cambridge; Dr. Andrew Clark; Mr. Holmes Coote; Dr. Lankester; Mr. Hutchinson; Hon. A. Kinnaird; Mr. Taylor, Cincinnati; Dr. Nathan Allen, New York; Mr. Blanchard Jerrold; Dr. Pavy; Dr. Maclean; Mr. Elam; Mr. Heaton; Prof. Pepper; Dr. Bell, Edinburgh; Dr. Roberts, Manchester; Mr. Price; Dr. Bacon; Mr. Brough; Mr. Cane; Dr. Allbutt, Leeds; Dr. Davidson, Liverpool; Dr. Adams; Mr. Rhodes; Dr. Clarke, Gildersome; Mr. Crook; Dr. Royle; Mr. Lomas; Mr. Layard; Dr. Moffat, Falkirk; Mr. Holden; Mr. Harvey; Mr. Little; Mr. Moore; Mr. R. V. Sydow, Berlin; Dr. Duffy, Florence; Mr. S. A. Smith; Mr. Collingwood; Mr. Blackett; Dr. Drury, Newcastle; Dr. Appleby, Newark; Dr. Bennett, Wilton; Mr. Wilkinson; Mr. Phenes, Mold; Dr. Graham, Holmwood; Mr. Draper, Buntingford; Dr. Sheen, Cardiff; Mr. Hordley; Mr. Eames, Huntingdon; Dr. Maher, Liverpool; Mr. Robinson; Dr. Chapman, Biarritz; Dr. Ward; Mr. Abbott; Dr. Wilson, Castle Eden; Mr. Morris; Dr. Boinet, Lugo (of Romagnes); Mr. Hare; Dr. David Smith, Glasgow; Mr. Kent; Mr. Marsh; Mr. Hine, Carnarvon; Mr. Shepheard; Rev. J. A. Hatchard, St. Leonards; Mr. Lee, Upton; Dr. O'Connell D'Oyle, West Coast of Africa; Dr. Arlidge, Newcastle; Mr. Schofield; Mr. Foster; Mr. Shirley, Braintree; Mr. Mitchell; Mr. Hall; Dr. Tayler, Anerley; Dr. King, Edinburgh; Dr. Drinkwater, Richmond; Mr. Russell, Birmingham; Dr. Davies, Denbigh; Mr. Thomas; Dr. Morrison, Lewes; Dr. Merlin, Strasbourg; Mr. Bradford, Plymouth; Mr. Beck, Oldham; Dr. Simpson, Manchester; Mr. Higgs; Dr. Jennings, Eastry; Dr. Grant, Curragh Camp; Dr. Purdon, Belfast; Mr. Churchill; Mr. Greenway; Dr. Evans; Dr. Payne; Mr. Cartwright; Mr. B. Henry, Douglas; Mr. Fowler; Mr. Barber, Tynemouth; Mr. Hubert; Mr. Lamb; Mr. Leach, Billericay; Dr. Sansom; Mr. B. Grattan, Cork; Dr. Hitchman, Liverpool; Mr. Hubbard; Mr. Parrott, Enfield; Dr. Brown, Barnsbury; Dr. Henry, Ottawa, Ontario; Dr. Mackaye; Mr. Deacon, Market Deeping; Messrs. Soden, Bath; Dr. Brady, Manchester; Dr. Munro, Radstock; Mr. Patrick, Bolton; Dr. Chain, Liverpool; Mr. Atkinson; Mr. Douglas; Dr. Tylecote, Sandon; Mr. Bostock, Horsham; Mr. Price; Mr. Tatham; Dr. Cowan; Chirurgus; M. B.; Westminster Hospital; Physiologist; W. W.; South Northumberland; Lynxi; Vigilans; S. L. G.; Inquirens; Dispenser; L.R.C.P. Edin.; The President of the Pharmaceutical Society; B. G.; A Constant Reader; A M.R.C.S. Eng.; J. P.; X. Y. Z.; W.; T. M.; Fair Play; Studens; &c. &c.

Queen's Messenger, Brighton Gazette, Carnarvon Herald, Times of India, New York Quarterly Journal of Psychological Medicine, Bucks Herald, Brighton Times, Belfast News-Letter, Indian Daily News, Porcupine, Tower Hamlets Express, Blackburn Standard, Somerset County Gazette, Brighton Herald, Liverpool Mercury, Clonmel Chronicle, Broad Arrow, Glasgow Daily Herald, Jackson's Oxford Journal, Bridgwater Standard, Wigan Examiner, Brighton Observer, Western Times, Hydropathic Record, North British Daily Mail, Indian Medical Gazette, Lincolnshire Chronicle, Scarborough Gazette, and *Brighton Daily News* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

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